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Original Department.

Lecture.

CLINICAL LECTURE.

BY WM. PEPPER, M. D.,

Clinical Professor of Medicine in the University of Pennsylvania.

REPORTED BY DR. LOUIS STARR.

Hydrothorax Complicating Cardiac Disease.

Gentlemen:—You will remember that in the last lecture your attention was called to a case of simple *pleuritic effusion*. Now the next case that will be brought before you is one of long standing heart disease, which has lately been complicated by the addition of *dropsy* of the left pleural sac. Her history is as follows:

Case II. Mary McG., æt. 30 years; was admitted to the Philadelphia Hospital on August 12th, 1874. She has always been temperate in her habits; and has been married for six years, but has never had any children. Her health was good until the age of fifteen, when she began to suffer from palpitation of the heart; this was most marked on exertion, and continued to occur at intervals until last spring, when, being deserted by her husband, she was thrown upon her own resources and obliged to work hard; the increased exertion thus required brought on more persistent palpitation, together with occasional attacks of shortness of breath and faintness. Early in May dropsy was added to the other symptoms; this began in the feet and gradually extended upward, involving the thighs and abdomen.

When admitted she was quite pale and weak, her urine was scanty and high colored, but not albuminous; her legs, from the feet up, were œdematous, and there was slight ascites; the impulse of the heart was strong and diffused, and the pulse was 100 per minute; there was also some cough with the expectoration of blood-tinged mucus, and at times small quantities of pure blood; physical examination revealed nothing abnormal in connection with the lungs, except that there were numerous mucous râles at the base of the right lung posteriorly. She was ordered five grains of iodide of potassium and ten drops of tincture of digitalis four times daily. Her general condition, however, remained the same until August 30th.

From that time the dyspnœa increased steadily, and at present (September 16) it is so great that she is unable to lie down in bed. Upon directing our attention to her chest, the respiratory movements are found to be confined almost entirely to the right side, and on percussion, flatness and diminished elasticity are observed to extend over the left lung, from base to apex. Over the upper part of this lung also the respiratory murmur is distant and feeble, while over its lower two-thirds there is total abolition of respiratory murmur and vocal fremitus. The left side of the chest is distended, the intercostal spaces prominent, and the heart markedly displaced to the right, as the point of chief cardiac impulse is situated below and to the right of the ziphoid cartilage. In the præcordial region there is a decided projection of the ribs and costal cartilages, and in this position, likewise, indistinct pulsation can be felt. When a stethoscope is placed over the heart a moderately loud, soft systolic murmur is heard at the ziphoid cartilage, and when the instrument is moved upward another murmur, diastolic in time, is audible at

the aortic cartilage; this murmur is transmitted feebly to the right of the sternum, and more strongly downward and to the left, its position of greatest intensity being an inch and a quarter to the left of the sternum. The pulse is frequent and small. She is still very weak and anæmic, and there is considerable œdema of the legs.

Bearing in mind these symptoms and physical signs, there can be no doubt that there is a large accumulation of fluid in the left pleural cavity. This has come on insidiously, without any of the usual signs of pleurisy, and it is associated with disease, both of the aortic and mitral valves. It is difficult to determine in such cases whether the effusion has occurred as a mere passive dropsy, from venous congestion, or whether there has been a latent, subacute pleurisy set up, from some unknown cause. In either case, there is but small chance of securing its absorption, owing to the serious heart disease which is also present. The urgent dyspnœa and disturbance of circulation render it important that immediate relief should be afforded. I will, therefore, as you see, puncture the chest with a small trocar, in the seventh interspace, in the line of the anterior border of the axilla, after having frozen the skin and made a short incision through the derm. The fluid which immediately escapes is unusually dark, and evidently contains a large admixture of blood. It is evident that no vessel has been wounded in the operation, and we must therefore regard the presence of the blood as due to the rupture of capillaries in the pleural membrane, from extreme over-distention.

[The operation was concluded without any difficulty, the fluid withdrawn amounted to forty-two fluid ounces, and remained dark colored to the end. The patient experienced some relief from the operation; but there was no material reduction in the dulness on percussion, so that it was evident that there was still a large amount of fluid in the chest which could not be evacuated. Her dyspnœa soon grew as severe as previously, attended with marked prostration. The urine grew scanty, mild delirium supervened, and continued until death occurred from exhaustion, on September 24th, eight days after the operation.

At the post-mortem examination, which was made fourteen hours after death, rigor mortis was well marked. The wound caused by the insertion of the aspirator needle was covered by a scab, and when this was removed a drop or two of pus escaped. On opening the thorax, no wound of the intercostal vessels nor any evidence of acute inflammation of the costal pleura at the position of puncture could be detected. The left lung was carnified and forced backward and inward toward the spine, and between the pulmonary and costal pleuræ numerous bands of organized lymph extended, dividing the pleural cavity into sacs of various sizes. These sacs contained in all sixty-seven ounces of clear, light yellow fluid; none of them were as large as that into which the aspirator needle had been passed, and the majority of them held only a few ounces of liquid; there was no reaccumulation in the sac that had been tapped. Both layers of the pleura were thickened, and at a point corresponding to the angle of the scapula, the lung was bound firmly to the chest wall.

Scattered through the substance of the left lung were several patches of apoplectic effusion; these were situated superficially, and caused slight bulgings of the surface; they varied from one-half to one inch in diameter, were wedge-shaped or oval, and presented different appearances on section, some being red in color and quite firm, others pale and partly softened, while in one place the clot had become completely broken down, leaving a small cavity, one third of an inch in diameter, filled with unhealthy pus. The right lung was large, heavy and congested, but was entirely free from thrombi. The pericardium was healthy, containing only a small quantity of light colored fluid, and the heart was displaced to the right, the apex being directly under the sternum. The heart was greatly enlarged, weighing eighteen ounces, the left ventricle was hypertrophied, and the left auricle much dilated, and its walls somewhat hypertrophied; two of the leaflets of the aortic valve were fused and partly reversed; the mitral orifice was much contracted, scarcely admitting the extremity of the little finger, and the auricular surface of the leaflets was covered with thick fibrinous vegetations; the endocardium lining the left auricle was thickened, and patches of atheroma were found in the thoracic aorta; the right ventricle was moderately hypertrophied, and the right auricle was dilated, though the pulmonary and tricuspid valves were healthy. The right and left cavities of the heart contained both old and recent clots, and the muscular tissue was soft and fatty. The kidneys were contracted and granular, the cortex

being reduced almost one-half in thickness. The liver and spleen were much congested.]

Remarks (September 30th). In considering the very interesting results of this post-mortem examination, I would ask your attention to the extreme contraction of the mitral valve, one of the less common forms of valvular lesion, and the one which is most frequently associated with pulmonary apoplexy, as was the case in our patient.

In the second place, it is interesting to determine the cause of the pleurisy with extensive effusion. The latent manner in which this effusion came on suggested the erroneous idea that it was not due to pleurisy, but was merely a form of passive, internal dropsy, connected with the obstructive disease of the heart. She had been exposed to none of the usual causes of pleurisy, and the case presented none of the usual symptoms of an acute attack of this affection. I am inclined, therefore, to think that it arose, as we frequently meet with it, in connection with the organic disease of the kidneys.

The peculiar sacculated arrangement of the exudation is also worthy of note. This variety is not very common. In cases where a collection of fluid of moderate quantity is encysted in a sac formed of false membrane in a pleural cavity, it is often possible to detect its peculiar arrangement by observing, that as the fluid is not free to move, the line of percussion dulness does not vary in changing the position of the patient's body. But when, as in the present case, the pleural sac is completely distended with effusion, it is impossible to determine whether the fluid is contained in numerous sacs or is free in the general cavity of the pleura. In the former event the operation of paracentesis can only afford partial relief by emptying one or two of the sacs, and it was in this way that the operation in the present case was not productive of more complete relief. It illustrates well the great diagnostic value of puncturing the chest in cases of pleural effusion; and also the fact, that even when, owing to unusual arrangement of the effusion, its complete evacuation is impossible, this operation, when properly performed, is productive of no injury whatever.

—Two physicians of Boston were tried last week, before the Massachusetts Medical Society, for practicing homœopathy. Ten members of the Society have been expelled for this cause.

Communications.

THE CHEAP ALKALOIDS OF CINCHONA.

Contributed to the Meigs & Mason Academy of Medicine, of Ohio, and requested to be published in the Medical and Surgical Reporter.

BY CHARLES K. MILLS, M. D.,

Of Philadelphia,

Corresponding Member; Assistant Physician to the Episcopal Hospital; Chief of the Dispensary for Nervous Diseases, University Hospital.

It has frequently been asserted that the cheap preparations of cinchona have little or no value; that they are simply waste material worked up to sell. It seems to me that it is a matter of no importance whether or not these substances are made from the refuse of other processes. It is sufficient for practitioners of medicine to know that they have been distinctly isolated, and have stood the test of experiment.

These preparations are cinchonia or cinchonine, quinidia or quinidine, cinchonidia or cinchonidine; the sulphates of these alkaloids respectively, and chinoidine or quinoidine.

Cinchonia was discovered by Pelletier and Caventon, in 1820; quinidia, by Henry and Delondre, in 1833; cinchonidia, by Winckler, in 1845.

These alkaloids can be distinguished from each other, and from quinia, by various physical and chemical tests, of which I will mention a few.

The phenomena of circular polarization afford one of the best means of discrimination. Certain substances have the property of rotating the plane of vibration in a ray of polarized light. When this rotation follows the direction of the moving hands of a watch, the medium is said to have a right-handed polarization; when it takes the opposite course, it has a left-handed polarization. Works on physics contain descriptions of the instruments and processes employed in this method of analysis. Arago discovered this property of circular or rotary polarization in rock-crystal; and Biot and others have observed the same power in many organic solutions.

Quinia and cinchonidia possess the property of left-handed rotatory polarization; while the polarization of cinchonia and quinidia is right-handed. Cinchonia crystallizes better than quinia; and the latter is more soluble in water than the former. Quinidia is isomeric with quinia. It is somewhat less bitter than the chief alkaloid. Cinchonidia is isomeric with

cinchonia, bearing the same relation to it that quinidia does to quinia. When the sulphate of quinia is treated first with a solution of chlorine, and afterwards with ammonia, it gives a beautiful emerald-green color. The sulphate of quinidia affords a similar reaction, except in concentrated solutions, in which a precipitate is formed, which is not the case with quinine (Herapath). If sulphate of cinchonia be treated in the same way, a white precipitate will be thrown down. With an aqueous solution of sulphate of cinchonidia, ammonia and caustic alkalies, and their carbonates and bicarbonates, cause white precipitates (Leer, Winckler).

Chinoidine or quinoidine is a brown resinous mass, which is obtained in the manufacture of quinine and cinchonine; some of that which occurs in commerce is simply the residue left after evaporating the mother-liquors of the sulphate of quinia. It is sometimes called amorphous quinia. It is said to bear the same relation to ordinary quinine that uncrystalline does to crystalline sugar. Sertürner (1829) is regarded as the discoverer of this substance. He first announced its basic nature, and distinguished it from quinia and cinchonia as a peculiar uncrystallizable base. Some authorities speak of two kinds of chinoidine; one containing quinidia, with smaller quantities of quinia, cinchonia, and resin; and the other consisting chiefly of uncrystallizable transformation products of the cinchona bases.

With the sulphate of cinchonidia, and chinoidine, I have recently had considerable experience. During the months of May and June of the present year (1874) I used both preparations largely at the medical dispensary of the Episcopal Hospital. I have also employed the sulphate of cinchonidia in private practice, and chinoidine at St. Mary's Hospital. The preparations were obtained from Powers & Weightman. I have a record of forty-eight cases treated with the sulphate of cinchonidia, and of forty-five in which chinoidine was prescribed. Of these ninety-three cases, three-fourths were heard from at least once, and many reported during periods of from one to three weeks. In almost every case speedy benefit was derived. In nearly all the malarial cases, the chills were arrested after from twelve to twenty grains of either the cinchonidia salt or the chinoidine had been administered.

The sulphate of cinchonidia was generally given dissolved in water by the addition of a few drops of aromatic sulphuric acid. At first, sixteen grains were ordered daily, with directions to gradually decrease the amount after a few days. Four grains were usually given at one dose. Chinoidine was usually administered in a liquid preparation, and in most cases in the same amount as the sulphate of cinchonidia; namely, at first, sixteen grains daily, diminishing the quantity gradually. Whenever possible, sixteen grains were ordered to be taken before the time of the next expected paroxysm. The cases given will afford a proper understanding of the method of using the remedies. Both preparations may, of course, be administered in pill form. I have sometimes employed "compressed pills" of sulphate of cinchonidia in private practice.

In regard to the cases seen at the dispensaries, it is well known that many difficulties are met with when trying to get at the results of treatment, chiefly from the fact that patients will often fail to return and report. By strong urging, however, by holding out various inducements, and by even sometimes visiting the patients at their homes, I succeeded in obtaining satisfactory results. In cases amenable to cure, the non-return of a patient to whom medicine has been given at a dispensary, may be taken as prima facie proof of the efficacy of the treatment ordered; but, as will be seen, I have not depended on such negative evidence.

I append, in slight detail, a few of the many cases of which I have notes. For the sake of brevity, I have confined myself to the facts necessary to show the effects of treatment with the remedies under consideration.

Sulphate of Cinchonidia.

Case 1. Tertian.—C. M., æt. 25; mud digger on Petty's Island, in the Delaware river, came for treatment May 4th. Had malarial fever twice before within a year, which had been broken by chinoidine prescribed at the hospital. Had been suffering with chills of the tertian type, off and on, for two months. Had a violent chill the day before coming under observation. Was ordered sulphate of cinchonidia, sixteen grains daily, which was reduced to twelve grains at the end of one week, and to eight grains at the expiration of two weeks. During three weeks, for which time he remained under notice, the chills did not return. A large number of patients from the same locality as this man have been successfully treated at the Dispensary service of the Episcopal Hospital,

some with chinoidine, and others with the sulphate of cinchonidia.

Case 2. Tertian.—J. R., æt. 22; weaver; living near brick-ponds; came for treatment May 8th. About one year before had intermittent fever for a few days. Stated that on May 4th he had headache, slight chill, and fever; on the 6th had a severe paroxysm towards night. Was ordered sulphate of cinchonidia, sixteen grains, to be taken before evening, and the same amount daily for three days, when it was decreased to eight grains daily. Up to May 15th, when he ceased to report, he had no return of chills.

Case 3. Tertian.—M. A., æt. 38; operative; was under observation for two weeks, from May 12th to the 26th; had been subject to tertian intermittent for two years. Had a severe chill on the day he applied for treatment. Took sulphate of cinchonidia, sixteen grains, for two days, twelve grains for five, and eight grains for the remainder of the time. Had a slight chill on the second day after beginning the medicine, and a "creep" two days later, but no subsequent trouble.

Case 4. Quotidian.—J. P. W., æt. 29; carpenter; was first seen May 18th. Two days before had a chill in the evening, and another the next day. Was placed on the sulphate of cinchonidia, sixteen grains, daily, until the 22d; twelve grains from the 22d to the 25th; and eight grains thereafter. Had no recurrence of chills. Ten days under observation.

Case 5. Tertian.—J. H., æt. 11; lived in a damp house near the Delaware, and came under observation May 21st. Ten days before had first chill, and one every other day since, the paroxysms geting worse each time. Headache every day. Was quite well before this attack. Was given sulphate of cinchonidia, eight grains, daily. Had a moderate chill on the second day and another severe one two days later. Said that he took his medicine regularly. Increased the daily quantity to twelve grains, which was continued for three days, and then diminished to eight grains. Had no chill from May 25th to June 4th.

Case 6. Tertian.—L. K., æt. 24; had intermittent fever seven months before he was first under observation. Was cured in four weeks. Was again taken with chills four days before coming to the Hospital, May 29th. Was given sulphate of cinchonidia sixteen grains for four days, and then twelve grains. Had slight fever on the day he began with the medicine, and headache at two subsequent periods; but escaped all symptoms from this time until ten days later, when last seen.

Case 7. Quotidian.—M. C., æt. 4; had fever every evening for five days before she was brought to the Hospital. Lived in a malarial district. Was ordered sulphate of cinchonidia, four grains daily. Was under observation from June 3d to June 9th, during which time she took the cinchonidia salt, and had no fever.

Case 8. Tertian.—K. M., æt. 20; came to the clinic June 10th. About ten months before had intermittent fever, which was treated successfully at the Hospital. Three weeks before the 10th the chills had returned. Had an attack nearly every other day since. Was ordered sulphate of cinchonidia, sixteen grains daily for four days, and then twelve grains. Had no recurrence of chills to June 18th, after which he did not report.

Case 9. Quotidian.—T. D., æt 62; laborer; applied for treatment June 15th. Had malarial fever during the fall of the previous year. For two weeks before coming to the clinic had chill and fever of varying intensity every day. Had a severe chill while at the Hospital. Took sulphate of cinchonidia, sixteen grains daily, for a week, after which he was not seen. Had slight chill on the 16th, and none after, during the week.

Case 10. Quotidian.—C. M., æt. 22; single; had been sick for twelve days before coming for treatment, June 25th. Had a severe chill every afternoon for three days before the 25th. Was ordered sulphate of cinchonidia, sixteen grains daily, which he took until the 30th, when last seen, and up to which time he had no return of chills.

Besides cases of malaria, like those just enumerated, I have also used the sulphate of cinchonidia successfully in bad cases of periodical headache. In diarrhœa dependent upon general relaxation of the system, the same alkaloid has proved one of the most valuable of remedies in my hands.

Chinoidine.

Case 1. Quotidian.—P. M., æt. 45; laborer; came under observation May 4th. Had chills two days in succession before applying for treatment. The attacks would commence early in the evening, the fever lasting nearly all night. Was ordered chinoidine, sixteen grains daily. Took ten grains before the time for

chill the first day. Reported for one week, during which time he had no return of malarial symptoms.

Case 2. Quotidian.—J. H., æt. 40; machinist; came under observation May 8th. About one year before this date had chills and fever. The present attack began six weeks before he was first seen by me; and he had been ordered chinoidine, which he took pretty regularly for about a month, but had not had any for two weeks. On the 7th had a dumb chill followed by fever. Had dull pain in the head. At first was ordered sulphate of cinchonidia, sixteen grains daily; but of this he only took three or four doses, because of some whim, or misunderstanding, and stayed away from the clinic for several days. On the 10th had a violent chill, which was succeeded by a fever which continued for more than a day. Had headache, noises in the head, and pain in the back and limbs. Was placed upon chinoidine, sixteen grains daily, with directions to reduce the amount to twelve grains at the end of a week. Was last heard from May 25th, up to which date he had no recurrence of attacks.

Case 3. Tertian.—M. V. E., æt. 5; had chills and fever the year previous to coming for treatment, May 15th. Got better in two months. For a couple of weeks before the 15th, had chill and fever every other day, with one or two exceptions. Had no appetite, and complained of pain in head, back, and limbs. Was placed upon chinoidine, four grains daily. Reported through mother, to the 22d. Very slight chill and fever on the 20th, but on no other day.

Case 4. Tertian.—C. M., æt. 36; married, and lived on a newly opened street. Had chills sixteen years ago, but never since, until the Autumn of 1873. She then came to the Episcopal Hospital, and was cured, according to her own statements, in two weeks. On referring back in the record-book, found that she had been ordered chinoidine. She came again for treatment, Saturday, May 30th, 1874. Had chill on Monday, Wednesday, and Friday previous to coming under notice; the last paroxysm was very severe. Was ordered chinoidine, sixteen grains daily. No chill from 30th of May to June 5th; but some headache and pain in limbs occasionally.

Case 5. Tertian.—P. H., æt 25; single; laborer; applied for treatment, June 5th. Stated that two years ago he had moved to Indiana, and that one year since he first began to have chills. Had attacks now and then ever since, sometimes of the quotidian and sometimes of the tertian type. Said that he had taken considerable quinine, which always broke up the disease for a time. Had moved to Philadelphia three weeks before coming under observation; and three days after his arrival in the city was seized with the chills. He had taken some pills of quinine (but did not know how much), which had stopped the chills for a couple of periods, but they had returned. Was given chinoidine, sixteen grains, daily. This patient reported, June 12th, that he had taken his medicine regularly, that he had had no chills since beginning with it, and that he "felt first-rate." Did not hear from him after the 12th; but had ordered him to continue the chinoidine in decreasing amounts.

Case 6. Quotidian.—J. M., æt. 31; laborer; applied for treatment June 15th. Began to have chills two weeks before, which were of the quotidian type, and sometimes "dumb." Had much headache, and was sore in his limbs. Was ordered chinoidine, sixteen grains daily, for four days, then to be decreased to twelve grains. From the 15th to the 23d had no chill, and felt well at the last date.

Case 7. Tertian.—H. V., æt 31; was under observation ten days from June 17th. Had chills the previous years, for which he had been treated successfully at the hospital with chinoidine. Was attacked again with tertian intermittent one week before applying for treatment. Was ordered chinoidine, sixteen grains daily. Had three chills after commencing with the medicine, one very light; had none during the last five days under notice.

My friend, Dr. A. K. Minich, informs me that during his term of service at the Episcopal Hospital he has prescribed chinoidine in three hundred and forty-four cases of malarial disease. In every case which reported, benefit was derived; and in many instances markedly satisfactory results were obtained.

During my connection with the Northern Dispensary of Philadelphia, which lasted for more than three years, I constantly employed the sulphate of cinchonia, both as a tonic and antiperiodic, prescribing it in at least fifty cases. I generally gave the cinchonia salt in about one-third larger amount, or in double the quantity of quinine, as used in private practice, and with uniformly satisfactory results.

With the sulphate of quinidia I have had no personal experience. I learn from *Pereira's Materia Medica and Therapeutics*, that Bauduin and Peacock consider it equally efficacious with the sulphate of quinia, and more desirable, because it does not give rise to the disagreeable nervous effects sometimes observed when the sulphate of quinia is administered in large doses. I am credibly informed that immense quantities of the sulphate of quinidia are used in the West and Southwest.

Probably physics and physiology will have to come to the assistance of therapeutics before the exact value of each of the alkaloids of cinchona can be determined; but I offer the brief notes contained in the present article in the hope that they will help to settle the question whether or not these cheap drugs have positive therapeutic powers.

The following is a list of the prices at about which the preparations enumerated can be purchased from wholesale druggists:

Quinia	$4.25 per ounce.
Sulphate of quinia	2.60 "
Quinidia	2.50 "
Sulphate of quinidia	1.65 "
Cinchonidia	95 "
Sulphate of cinchonidia	80 "
Cinchonia	35 "
Sulphate of cinchonia	30 "
Chinoidine	16 "

It will not need a "great arithmetician" to decide, after glancing at these figures, upon the advisability, from the stand-point of economy, of employing, in preference to quinia, the cheap alkaloids and chinoidine, if these substances possess the therapeutic virtues which their advocates claim, and which it has been the chief object of the present article to set forth.

REMARKS ON THE ANATOMY OF THE PENIS.

Translated for the MEDICAL AND SURGICAL REPORTER, from Hyrtl's *Handbuch der Topographischen Anatomie*, vol. II, p. 61.

BY DR. J. C. M'MECHAN,

Of Cincinnati.

The penis * is an erectile cylindrical organ, suspended from the anterior surface of the *symphysis pubis*, and consists of two erectile bodies, which, in their origin, are separated, but which later join one another, and on its under surface receives the urethra, which is likewise surrounded by an erectile body. The relation of these three erectile bodies can be imitated with the fingers, if one presses his thumb upon the under surface of the index and ring fingers placed alongside one another. In the condition of erection the penis assumes the necessary length and stiffness for its mechanical introduction into the vagina, and is in this condition the exclusive mediator of sexual union.

One distinguishes in the penis, 1, the root, which extends from the *symphysis pubis* down to the ascending rami of the ischium, and becomes covered by the affixing of the scrotum, but through this or upon its being drawn up toward the abdominal wall, can be very plainly felt; 2, the body, which hangs down free and movable upon the anterior surface of the scrotum; 3, the glans, whose puffed up border (the crown), is separated from the body of the penis by a two lines deep constriction (the neck).

In length and volume the penis is subject to many individual and national differences. In very large men it is often very small, in small men and Onanists very long, and besides, in the latter, of a club form, with the glans enlarged (pénis en massue). Tardieu * found the penis very small, as a rule, in Sodomites, and at the glans running to a point, like the penis of certain kinds of dogs. Exceptionally, largeness of the penis occurs in such men, and it exhibits in the condition of erection a perceptible torsion, owing to its having been twisted upon introduction into the anus. Surprising length and size of the penis occurs in Cretans. The largest penis was possessed by Peter Perrod, a blacksmith in Cresciat, Switzerland; it had the thickness of a new-born child. Clodius, who committed a rape on Cæsar's wife, Pompia, in the temple of the goddess Bona, enjoyed the possession of the longest penis, about which the words of Martial's obscene muse are very fitting.

"Mentula tam magna est, tantus tibi,
Pipile, nasus,
Ut possis, quoties arrigis, olfacere."

In our own jail (at Vienna), occurred a very original case. An unwilling female occupant got in the family way, by a culprit, although

* The word *penis* signifies, originally, the tail of an animal; Caudam animalium pilosam, antiqui penem, vocabant, ex quo propter similitudinem penicillus, Cic. and in Nævius; Cauda porcina in cœnis penita vocatur. The word penis was also used as a nickname, as we read in Suetonius that Augustus, when in a good humor, was accustomed to call Horace, purissimum penem et homuncionem lepidissimum.

* Annales d'hygiène et de méd légale, 1858, Jany.

men and women were kept strictly separated. The connection took place through a thick iron trellis. Against like over-steppings of the abstinence rule and of the jail ordinances, it was found necessary to erect a double trellis, with an interstition of six inches. About the length of the mischievous penis I could discover nothing, as the individual had already left when I received intelligence of the case.

Smallness of the penis is a usual accompaniment of hypo, and anaspadia, and of hermaphroditic formations of the external genitals.

Hospital Reports.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

Service of Prof. D. Hayes Agnew, M. D.

REPORTED BY DE FOREST WILLARD, M. D.

Hare-Lip—Cleft Palate.

This little babe, only eleven days old, has been brought to our hospital with a congenital defect of the upper lip, which you will recognize as harelip. Not only is the lip divided, but as you look into the mouth you will see that the same cleft extends backward through the entire hard and soft palates, and you can, without difficulty, examine the nasal fossæ and turbinate bones, as they lie fully exposed.

The break is wide, and there is an entire absence of the left intermaxillary. The cleft is at one side of the median line, as is almost invariably the case in this defect, which, as you know, is one of the most common of congenital deficiencies. When as extensive as in this case, it constitutes a most serious difficulty, since sucking becomes impossible, and deglutition even difficult. Now this child may seem of too tender an age to endure any operation, but in these wide clefts it is so important to secure a narrowing of the fissure, that I shall proceed at once to close the lip, in order that a constant pressure may be exerted upon the bones, which in time will almost, if not quite, bring the edges together. It will also be of use in the feeding of the child, and I do not hesitate on account of the age, since some of the best results which I have ever attained have been in infants but one week old. No anæsthetic will be used, and all loss of blood will be controlled by compression of the facial arteries as they pass over the base of the inferior maxillary.

In making the parings from the edges to be freshened, every effort should be made to remedy the defect which is so common as a result of this operation, namely, the depression upon the border of the lip, which takes place subsequently, from contraction. Various sections are proposed, which you will find fully described in all the text books, but the one which I prefer, is to transfix the lip at the apex of the cleft, shave downward and outward until the junction of skin and mucous membrane is reached, then turn slightly inward, making an obtuse angle, with the first portion of the incision, (in other words, a V-shaped incision, with the apex of the V looking toward the cheek,) and then cut toward the margin until the flap hangs by only a slight attachment at the very border. Freshening the other side in the same way, we then have two pendant flaps, which, instead of being sacrificed, may be put to use, as you will presently see. Introducing the first pin at the apex of the inclined V-incision of which I have spoken, I pass it across the break to a corresponding point on the opposite side, and as I draw the sides together you will notice that the free border of the lip is protruded. A second pin is passed higher up, and as I now twist about them a silk ligature, you see that the wide cleft is closed without any undue tension. But what of the parings; they are hanging as loose masses. I pass through them a silk suture, draw them snugly into the gap, and though they are now very redundant, yet when absorption has taken place I am sure that there will be no excess, and even if there were, it could easily be remedied, a year hence, by the scissors, and a normal contour secured much more easily than if a deep notch existed. The pins have transfixed the coronary arteries, and all bleeding has ceased. I cut off the points, protect and support the parts with adhesive strips, and apply no dressing, our object being to secure union by first intention. On the third or fourth day the pins may be carefully rotated and removed, the sutures being left adherent for another day. The greatest care should be taken not to disturb the delicate granulations.

(The edges united fully, and in three weeks the cleft in the palate had already very perceptibly diminished. De F. W.)

Tuberculous and Syphilitic Sarcocele.

Gentlemen:—The man before you has a disease of the testicles, which has been giving him annoyance and pain for nearly nine years. The attack commenced without a previous gonorrhea, injury, or any other known cause, a fact which would tend to favor Salleron's view, *i. e.* that these are seldom productive causes of the disease under consideration. Its course has not at any time been accompanied by acute inflammatory symptoms, but has been slow, creeping, insidious. At times there have been exacerbations when a point would inflame, redden, and finally open with the discharge of a thin offensive pus. The left testicle was first affected, the right following in the course of about two years. The former is now slightly larger than normal, the latter smaller; both are nodulated, slightly hardened, and at one or two points are discharging a small amount of yellowish, unhealthy pus. Over their surfaces are several cicatrices which are almost diagnostic in their character, and which I desire you

to observe closely. You will notice that in the healing process, these orifices of previous sinuses have contracted to such extent as to be depressed and cup-shaped, while the skin and adjacent connective tissues have become firmly adherent to the testis. The patient states that the first perceptible hardening was above and behind the testicle itself, showing that the epididymis was primarily affected.

With these almost typical symptoms one could scarcely fail to diagnose this disease as tuberculous, especially when it is noted that the man has had a synovitis of the knee-joint, from a trivial injury, and that it resulted in partial anchylosis, while his cervical glands are also enlarged. If this were a simple chronic orchitis, the testis would be smooth, hard and heavy, with the cord thickened and painful, while the tunica vaginalis would contain a greater or less amount of fluid. If it were a cystic sarcocele, there would be greater enlargement of the organ, and various fluctuating points could be discovered upon the surface, while the serous accumulation in the sack would be considerable. Malignant disease is thrown out of the question by the length of time, non-enlargment of glands, absence of pain, etc. If it were syphilitic in its origin, the patient would present some other evidence of the ravages of the disease, since syphilitic sarcocele is ordinarily a tertiary symptom, and I fortunately have this morning a clinical case which which will, by comparison, admirably illustrate this affection.

The patient is a man, thirty-five years of age, who contracted syphilis in 1864, and who has since passed through the various secondary and tertiary manifestations, which we need not here stop to discuss. Enough to say, that for two years his right testicle has been increasing in size and density, although it has given but little pain. It is not only exceedingly heavy and hard, but is also somewhat irregular in its outline. Just above the enlarged testicle is a soft, elastic protuberance, which, although I have not tested it with transmitted light, yet I have no hesitation in pronouncing a small hydrocele, a condition which is common with this disease, rare in tuberculous.

The man informs us that this growth commenced in the lower portion of the testis, and that the upper portion or epididymis became implicated at a more recent date, which is just the reverse of the first case. There are no abscesses or sinuses connected with this case, yet they sometimes occur in connection with this disease, and at a later period it may be impossible to prevent the degeneration and breaking down of the exuded plastic material which is now, evidently, so abundantly interspersed throughout the inter-tubular substance of this gland, and by its pressure obliterating and destroying its secreting function.

In regard to this loss of procreative power, it is important for you to remember that absorption may occur, even after several years, and the function be restored; consequently, unless the pain is great, and one testicle remains perfectly normal, castration should be avoided. When the hardening in one testis is great, but few spermatozoids can be discovered, even a comparatively healthy organ refusing, according to Liégeois, to take up the action of the other.

At a later stage of the disease this testicle may become smooth and atrophied, without suppuration. The cord is rarely invaded, the epididymis occasionally, but always secondarily to the organ.

I place my hand upon the inguinal region, and find that the glands are enlarged; in the first case they are not.

To sum up the diagnostic differences between these two affections, we may state first, that the constitutional appearances and general history of each case are to be considered. In the syphilitic testicle other tertiary developments will especially be noted. In the former the testicle is, from the first, hard and heavy, somewhat nodulated; at a later period becomes smooth; rarely suppurates, more often atrophies; is frequently accompanied by hydrocele, and the testis itself is first affected. In the latter, the course is exceedingly slow; the organ is knotty from the commencement; the epididymis is first invaded; hydrocele is rare; suppuration and adhesion of skin are the rule; hernia testis is more common, and there is usually a coexisting disease in the vesiculæ seminales and prostate.

A further element in diagnosis may be established by treatment, and I feel quite satisfied that this man will improve under daily inunctions of the scrotum with ung. hydrarg., until his gums are slightly touched, while at the same time, ten grains of iodide of potash are administered three times a day.

Hamilton, of Dublin, has described a tubercular syphilitic testicle which very closely resembles the disease under consideration, but in these tumors of the testis we have sometimes to rely upon the history of the case for a definite decision. The organ designated by Hamilton, however, is much larger than these before us, and it is a disease which usually occurs as one of the advanced symptoms of a severe tertiary type.

But to return to the first case before us. If this were a sarcoma, it would not have been so slow in its growth, its bulk would have been greater, its composition more dense and heavy. The term "sarcoma of the testicle," however, is used by surgeons in a much broader significance than would be allowed by the strict pathologist, since the former apply the term to almost any firm tumor which is not syphilitic, inflammatory, or carcinomatous in its nature, while the latter would limit it to those histioid tumors in whose connective tissue are found the typical round, spindle, or alveolar infiltrations which mark this form of heterogeneous growths. In fact, the term sarcoma itself, in its application to tumors of any portion of the body, is somewhat vague and indefinite, and I know that students are frequently perplexed to under-

stand the application of the term. Its derivation from σάρξ flesh, expresses nothing, for many of these growths are totally unlike flesh in their appearance, unless we lessen its application only to the appearance of granulation tissue.

Billroth gives us the best definition which I have yet seen, when he says that "a sarcoma is a tumor consisting of tissue belonging to the developmental series of connective tissue substances (connective tissue, cartilage, bone), muscles, and nerves, which, as a rule, does not go on to the formation of a perfect tissue, but to peculiar degenerations of the developmental forms."

Rindfleisch describes these growths as containing the various elements which are found in the several stages of inflammatory neoplasiæ *i. e.*, the round-celled formative tissue of granulations, the spindle-cell tissue, and the compact fibrous tissue of cicatrices. The predominating one of these elements determines its denomination—"a potiori fit denominatio."

But it may be asked if these points are of any use in the practical diagnosis of sarcoma. Certainly they are; for although we cannot always state with precision as to the exact nature of a growth of this kind, yet a knowledge of tissues in which sarcomata are most frequently found, together with their mode of growth, their following as a sequence of local injuries, etc., will often aid greatly in establishing our diagnosis. You will all doubtless recall the clinical characteristics presented by the large (1¼ lbs.) and beautiful illustration of this disease in the testicle which was removed last week, in this amphitheatre, by Prof. Neill.

If you will pardon my digression into this pathological by-path upon our diagnostic way, I will only further state, that the first point of deposition of tuberculous matter is interstitial, and that the tubules are encroached upon secondarily. If we accept the views of Langhaus, Klebs, Ludwig, Tomsa, and others, this would be just the position at which we might expect such a deposit, since the system of lymph-spaces is here most thoroughly developed, and it is quite probable that this new formation is derived from a proliferation of the endothelia of these lymph vessels. Rindfleisch asserts that true miliary tubercles are not found in this position, but Lænnec speaks of them as existing here, and Virchow also says that the granular or knotty tubercles occupy this position, *i. e.*, the intertubular connective tissue.

Some authors speak of a scrofulous disease of the testicle as differing from the tuberculous, but although the former commences in the lining membrane of the tubules, yet they are essentially the same disease, and run similar courses (Vide. Demme, *Virchow's Archiv.* Vol. xxii, p. 115. Hulke, *Medical Times and Gazette*, Vol. xxx, p. 280. Def. W). The diseased spots undergo cheesy degeneration, soften, run together, form abscesses, burrow to the skin, open and leave obstinately discharging fistules. The epididymis is first attacked; it becomes a hard mass, finally, perhaps, advances to suppuration; the vas deferens is choked and swollen; the body of the testis is similarly invaded, and numerous abscesses result, through the opening of one of which some remaining tubules may protrude, forming a "hernia testis."

The progress of the disease is usually continuous and unswerving, still there is great cause for belief that recovery may occur in mild cases, without more than a partial loss of the secreting structure. Knowing, also, that these tuberculous masses may become quiet or undergo cheesy or calcareous degeneration, we should be very loth to sacrifice a testicle as long as there is the slightest hope of saving it, since its function sometimes remains even after almost entire destruction of the tubules. The prognosis may be modified by the coexistence of tubercles in lungs, prostate, vesiculæ seminales, etc.

The great frequency of this malady about the age of puberty, may be fairly attributable to the functional activity of those organs at that particular period, the seeds of the disease having previously existed.

In regard to treatment, I think that we can offer this man every encouragement of ultimate cure, since the progress has been extremely slow, and there seems to be an effort upon the part of nature to close these sinuses. In regard to the condition of his generative function we cannot speak so positively, yet it is quite possible that sufficient tubules will remain to furnish spermatozoa enough for procreation.

Hygienically we shall direct him to follow an easy, outdoor life, with all the fresh air and good food which he can obtain, together with the liberal external application of cold water. Stimulants are not indicated, unless extreme debility exists and the drain of pus is large. Iron, quinine, and cod liver oil will greatly improve his condition. Of the former I shall order that ten drops of the syrup of the iodide be given with two grains of the alkaloid, three times daily, while the oil will be commenced in drachm doses, and increased until an ounce and a half is taken daily. I shall also direct that the sinuses be injected each day with tinct. iodine (dilute), and in the event of formation of any new abscesses shall have them freely opened at once. It has been advised to lay open the sinuses and cauterize, but I do not deem it advisable, at least while the active stages of the disease are progressing. The suspension of the scrotum should never be neglected, as it removes a great source of irritation.

In this man's case we would not entertain the idea of removal of the organs, and I am always loth to do it in any of these tuberculous testicles, unless the great drain is reducing the patient's strength, or preventing him from enjoying exercise. In such a case, after the failure of remedies, it becomes allowable, and is frequently beneficial.

It has been argued by surgeons that it would be improper to remove a testis when serious tuberculous or scrofulous disease existed in other portions of the body, lest death be hastened.

For my own part, however, I should never let this deter me, when I found that the drain had become exhausting upon the patient, and his health was in condition to justify any operation of this magnitude. I should hesitate no more than I would to cure a fistula in ano under similar conditions, believing, as I do, that these exhausting discharges are much more liable to hasten disease in other organs, by depressing the whole system, and thus giving advantage to the malady. Humphrey, of Cambridge, makes (in Holmes' Surgery, I think,) some very sensible remarks upon this subject, with which I can most heartily agree. He contends that the retention of such a diseased gland cannot be otherwise than exhausting, and that its removal will exert a beneficial influence upon other organs by improving the general system.

(At date of writing, both patients are steadily improving, their general health being now quite good, the discharge constantly lessening in the first, and the enlargement disappearing in the second. De F. W.

Medical Societies.

THE MEDICAL ASSOCIATION OF CENTRAL NEW YORK.

This Association held its seventh semi-annual session at Rochester, Dec. 15th, Dr. Harvey Jewett, President, in the chair.

A discussion took place on the merits of the law recently passed in New York, regulating the practice of medicine.

Dr. Benedict said he should be glad to have the law executed if it were possible. He said it had not been enforced in Onondaga county, and that there seemed to be insuperable obstacles to encounter. He pronounced it an utter failure. A so-called eclectic society in Onondaga county examined men with whom he (Dr. B.) was personally acquainted, and passed a man who was as great a donkey as he ever saw. The homœopathic society had tried to act conscientiously, but there were great loop holes in the law through which a coach-and-six could drive.

Dr. Pamphilon said the law should be executed, and was being executed in Genesee county.

Dr. Dunn said that the Central New York Eclectic Medical Association had examined twenty-five candidates, only five of whom were rejected. They gave the names of those who passed, but not the names of the five who were rejected, thus giving notoriety to the former.

Dr. Goff, of Cazenovia, told that he had been called in consultation with a man passed by the eclectic society, who exhibited the grossest ignorance. He pronounced the law a failure, because if a man fails to pass in one society he goes to another. He would like to see the resolution withdrawn.

Dr. Palmer, of Ontario, thought it beneath the dignity of this association to pay any attention to the law. All attempts at legislation have resulted in damage to the regular profession. We should politely ask the law-makers to let the medical profession alone.

Dr. Mercer also said that the law should be ignored. He called attention to the law of May, 1872, which authorizes the Board of Regents to examine applicants for the degree of M. D., prescribes what studies they shall be examined in, etc., and that as to therapeutics, they should be examined according to the school they intend practicing. With the addition of one or two provisions he thought the latter law would be a good one.

Dr. H. W. Dean read a paper on the use of ergot in the treatment of uterine fibroid tumors. This remedy, injected into the parenchyma of the uterus, had shown decided therapeutic action. Some cases from his practice were cited. The doctor expressed his most implicit confidence in the power of ergot to induce uterine contraction.

Dr. Johnson, of Seneca, reported a case in which a patient recovered fully from the effects of a dislocation of the spine between the seventh and eighth dorsal vertebræ.

Dr. Munson, of Onondaga, read an exhaustive and vigorous paper on cerebro-spinal anæmia and convulsions. He claimed that spinal irritation, and convulsions of all kinds, were caused by anæmia, not by hyperæmia, and that the treatment should consist of remedies which promote a greater rather than a less flow of blood to the affected parts. He cited many cases and authorities to support his view.

Dr. E. B. Stevens, of Onondaga, read a paper on the prevention of small-pox. He claimed that vaccination, if repeated until it takes no more, is a sure and lasting preventive of small-pox; that vaccine virus does not degenerate by passage through any number of human bodies; and that no specific disease, like syphilis, can be propagated by vaccination.

Dr. Van De Warker, of Onondaga, read a paper on the normal movements of the uterus, as recorded by the manometer. The instrument was described, and its tracings in respiration, articulation, coughing, etc., exhibited. The variations in the tracings are endless.

Dr. W. S. Ely reported a case of cancer of the stomach, in which the diagnosis was based on the finding of a tumor supposed to be in the pyloric extremity of that organ. Post-mortem examination showed the correctness of the diagnosis, but the tumor found during life was caused by a distended gall-bladder, containing two large gall-stones. The stomach was of double the normal capacity, and displaced to the left of the spine. Its pyloric end was the seat of hard cancer.

Dr. M. L. Mallory, of Monroe, then read a paper on the support of the perineum during labor, citing one hundred eminent authorities. The preponderating weight of authority was decidedly against perineal support. As for himself, he was at least doubtful of the advisability of this procedure.

Editorial Department.

Periscope.

The Varieties of Phthisis.

Dr. Arthur Wynne Foote, in a lecture reported in the *Irish Hospital Gazette*, says:—

One great clinical group of cases of phthisis is that whose causes seem deeply rooted in a constitutional peculiarity, more often bequeathed than originated, which peculiarity is chiefly manifested in an irritability of the mucous membranes, which predisposes them to catarrhal affections upon slight provocation. This group of cases, which may be called Catarrhal Phthisis, has been identified by more names than one, although the terms are in the main intended to be synonymous; thus, epithelial phthisis, ordinary phthisis, scrofulous phthisis, infiltrated tubercle, the old yellow tubercle, are expressions, clinical and pathological, which are more or less applied to some stage or aspect of the clinical group of cases labeled catarrhal phthisis. Then there are a group of cases called Pneumonic Phthisis, commencing in an acute pneumonia, with lobular or lobar consolidations, never completely resolved, which become chronic, and which after an uncertain and variable lapse of time degenerate, soften, and break up. There are a group of cases called Foreign-body Phthisis, due to the inhalation of irritating dusts (pneumokoniosis, Zenker). There is a clinical form of phthisis, very acute in its course, which may take you by surprise in connection with enteric fever, after parturition, or after a surgical operation even of the simplest kind; great stress has been laid on the individuality of this form under the names of embolic, pyæmic, septicæmic, or blood-poisoning phthisis. It seems to me that this last class of cases might be fairly considered under the head of pneumonic phthisis, because they appear to result from fragments of poisonous thrombi becoming impacted in the capillaries of the pulmonary arteries, and so causing patches of embolic pneumonia, which, from their inevitable issue in suppuration, have come to be known as "metastatic abscesses" in the lungs. As, however, these acute and most fatal cases have some very distinguishing clinical features, there is considerable reason for studying them as a separate group. The more you investigate the whole subject, the more you will, I think, be struck with the force of Addison's proposition, that "inflammation" (in some shape or other) "constitutes the great instrument of destruction in every form of phthisis.

The apex of the lung usually affords the earliest *local* evidence of a *liability* to the commonest clinical variety of phthisis (the scrofulous or catarrhal form), and is the part usually examined first in a person suspected to be consumptive. This proclivity of the apex seems to be the result of a variety of circumstances, some of which may have been conspiring from birth to render the individual disposed to this disease of the lungs. Malformations of the thorax, whether congenital or the result of bad hygiene in the young, embarrass the pulmonary expansion more in the upper than in the lower parts of the chest; this is observed in the narrow and shallow chests of phthinodes (persons predisposed to phthisis): the facilities for contracting adhesions are much greater about the apices than the bases, because the mobility of the superior portions of the organs is much less than is that of the inferior, which are subject to the action of the restless diaphragm, and of the more movable inferior ribs; pleural adhesions have a firmer grip upon the summits of the lungs than elsewhere, since, tying the parts down like a cap, they both restrict the inspiratory expansion and interfere with the passive action of expiration so far as it is derived from the resiliency of the elastic framework of the air cells: the air cells of the apical regions of the lungs are larger than those of the lower parts, while there is less elastic structure round them, whence the innate expiration power of the apices is less than that of the other parts. You will also bear in mind that should irritation in the apex of the lung excite frequent coughing, the air compressed between the closed glottis and the expiratory forces may be allowed to have a certain tendency to plug the upper parts of the lungs whose tubes join the bronchial system at a different angle from those along which the air is driven towards the larynx and mouth.

Anodynes in Headache.

Dr. Sydney Ringer, the eminent London therapeutist, remarks in the British *Medical Journal*:—

Many remedies act in a twofold or even threefold way. Thus bromide of potassium is often extremely serviceable in two ways. It is very useful in those cases where the seizure is due to uterine disturbance, as in menorrhagia and dysmenorrhœa. Sometimes the attacks are more severe and frequent, arising from the exhausted state of the nervous system. Perhaps, from overlong town residence, or from mental troubles, the patient becomes irritable, depressed, nervous, excitable, with broken sleep, harassed by dreams. The ensuing general depression increases the headache. Now, bromide of potassium soothes the patient, and by promoting refreshing sleep, strengthens the nervous system, and thus lessens the frequency and severity of the headaches. Bromide of potassium, moreover, is serviceable in the paroxysm itself, for it may produce several hours' sleep, from which the patient awakes free from headache.

The pain of megrim is situated in the fifth nerve; and remembering how closely megrim is allied to neuralgia, and how useful hydrate of croton-chloral is in facial neuralgia, I have been induced to try this remedy for the seizures of megrim, and have found it useful in cases of which the following may be taken as a type.

A woman has been subject for years to nervous sick headache; then, owing to some great trouble, or to excitement, fatigue, or flooding, or prolonged suckling, or most frequently at the change of life, the headache becomes much more severe. The headache is continuous for weeks, perhaps months, but is intensified greatly by fatigue, excitement, or at the catamenial period. If not actually continuous, the headache comes on daily, lasting, perhaps, for many hours, or several attacks may occur each day. The pain is often intense, and whereas, previously to the worst form of headache, the pain was probably limited to one bone, it now affects both, and perhaps the greater part of the head. The skin is generally very tender. There is also a sensation of bewilderment, or, as some term it, a stupid headache, and the patient often says she feels as if she should "go out of her mind." The sight may be dim, especially during the exacerbations of pain. Some patients of this class are very excitable and irritable, and are upset with the slightest noise. Nausea and even severe vomiting may occur with each exacerbation of the pain. Five grains of croton-chloral every three hours, or even oftener, will give, in most cases, considerable relief. I need hardly say, that the drug does not entirely free the patient from her attacks; but, in one or two days, the pain ceases to be continuous, then the attacks recur, but only once or twice a week, the interval gradually extending till an onset occurs only every week, then about every fortnight, or even longer, till the illness assumes its old type and periodicity. In some cases a week's treatment suffices to bring back the headache to its original type of an attack once in three or four weeks. Then the croton-chloral appears to be far less serviceable, manifesting but slight effect on the periodical attacks. In many cases of ordinary periodical headache, the patients say that, in the milder forms, the drug distinctly lessens the severity and duration, but in the severer forms it is without effect, even when sickness is absent. In those cases accompanied by severe vomiting and retching croton-chloral is useless, being speedily rejected.

Croton-chloral, I have found, will relieve the slight attacks experienced by some delicate and nervous women after any slight fatigue or excitement.

Hydrate of Chloral as a Solvent.

Mr. Robert F. Fairthorne writes to the *American Journal of Pharmacy*:—

A solution consisting of nine parts of hydrate of chloral and three of water, I find capable of dissolving the following substances, to the extent named:—

One grain of morphia is dissolved by a portion of the liquid containing twelve grains of the hydrate, one grain of veratria by a portion containing five grains, and one grain of atropia by a portion containing twenty grains.

These active principles should be in powder, mixed with the solvent in test-tubes, and heated by means of a water-bath, with occasional agitation.

The solutions thus made are in a convenient form for employment, either alone or when mixed with oils, ointment, or with glycerin. Camphor, too, is freely dissolved by them, and in some cases can be added to them with advantage.

Glycerin I find to be a convenient agent for forming solutions with chloral and the above named substances, and the following will be found, when properly combined, to produce permanent and elegant preparations, viz.:—

CHLORAL GLYCERITE OF MORPHIA.

℞.	Morphia (Powd.),	gr. v	
	Chloral hydrate,	℥j	
	Glycerin,	fl.℥ss.	M.

Sec. art.

CHLORAL GLYCERITE OF VERATRIA.

℞.	Veratria,	gr. v	
	Chloral hydrate,	℥j	
	Glycerin,	fl.℥ss.	M.

Sec. art.

OINTMENT OF CHLORAL AND VERATRIA.

(Corresponding in strength to the Ung. Veratriæ, U. S. P.)

℞.	Veratria,	gr. x	
	Chloral hydrate,	℥j	
	Water,	6 drops	
	Lard ointment,	℥ss.	M.

Sec. art.

CHLORAL GLYCERITE OF MORPHIA AND CAMPHOR.

℞.	Morphia,	gr. v	
	Chloral,		
	Camphor,	āā ℥j	
	Clycerin,	fl.℥ss.	M.

LOTION OF CHLORAL AND IODINE.

℞.	Iodine,	gr. xx	
	Iodide of potassium,	gr. vi	
	Glycerin,	fl.℥j	
	Chloral hydrate,	℥ij.	M.

Sec. art.

Chloral can also be combined with collodion, in which it dissolves after the addition of a few drops of alcohol.

——Dr. Henry G. Piffard, in an article reprinted from the New York *Medical Journal*, recommends the determination of urea by nitric acid, prepared according to a certain formula given.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——"The Relations of General to Special and Specific Modes of Medication," is the title of an article reprinted from the Buffalo *Medical and Surgical Journal*, being a lecture delivered by Dr. Alfred Mercer, Professor of clinical surgery in the medical department of the University of Syracuse. It has the right ring about it, and for solid common sense, is above any other paper on the topic we have seen in a long time.

——The Transactions of the College of Physicians of Philadelphia, from January, 1873, to February, 1874 (paper, pp. 30), contains a biographical notice of Dr. W. W. Gerhard, and the reports of various cases.

——A catalogue of the specimens in the pathological museum of the Philadelphia Hospital has been prepared by Dr. James Tyson and Dr. R. M. Bertolet. Three hundred and twenty-two specimens are enumerated. From what is said in the preface, very little attention has heretofore been given to pathological studies in the hospital.

——The First Annual Report of the Hospital of the Good Shepherd (Radnor, Pa.) indicates the gradual growth of a worthy institution.

BOOK NOTICES.

Cyclopedia of the Practice of Medicine. Edited by Dr. H. von Ziemssen, etc. Vol. I. Acute Infectious Diseases. Edited by Albert H. Buck, M. D., New York. William Wood & Co., 1874. 8vo, pp. 708. Price $5.

This is the first volume of a work which is expected to extend over fifteen volumes, and embrace the whole field of medical practice, from the most recent points of view. The German editor, Professor Ziemssen, formerly of the well known school of Greifswald, is now professor of clinical medicine at Munich, and the author of numerous contributions to science. His assistants in the present volume are Professors Liebermeister, of Tubingen, Lebert, of Breslau, Heubner, of Leipzig, and Drs. Haenisch, of Greifswald, and Oertel, of Munich. Various translators are employed, including some of the best known writers in American Medical Literature.

Each section commences with a bibliography, quite complete on German sources, but deficient in English and American ones. The etiology, progress, complications and treatment are then separately and thoroughly discussed. Close attention is given to the pathology. The treatment is in several respects not quite so full as one would like, there being a certain indefiniteness about it which strikes the reader at times.

The translations are accurate and judicious, leaving on this score nothing to be desired. The paper, presswork and manufacture of the book generally are also unexceptionable. An excellent index is added, and the display of the text is calculated to facilitate reference.

In this volume the principal diseases treated of are typhoid, relapsing, yellow and typhus fever, cholera, dysentery and diphtheria. No doubt the reception of the book by the profession will be hearty, and the undertaking is one which merits their patronage.

Studies in the Facial Region. By Harrison Allen, M. D., Professor of Anatomy and Surgery in the Philadelphia Dental College. Illustrated with fifty-six wood cuts. 1 vol, cloth, 8vo, pp. 117. For sale by S. S. White, Philadelphia. Price $2.

The summary of several years' lectures on dental anatomy and surgery, this volume will be found to contain an unusual amount of instructive reading, for its size. All the branches of oral, buccal and facial surgery are very accurately delineated, and the anatomical relations of the parts explained in succinct and lucid terms. To be more explicit, we may say that the surgical regions treated of are those of expression, of the ear, of the jaws, the nose, mouth, tongue, pharynx, the spheno-maxillary, the supra-hyoid, the parotid, and that of expression. The wood cuts, though largely from other works, are well selected and carefully printed.

A practical character is given to the demonstrations by the citation of a number of illustrative cases, some from the author's own experience, others from published sources.

In the last chapter of the work, the author advances some original propositions relating to the morphology and nomenclature of the teeth. They indicate a closeness of observation which carries with it a guaranty of validity, and odontologists will be well repaid by a study of these views. Most of these lectures, we should add, were originally contributed to the *Dental Cosmos*.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JAN. 2, 1875.

D. G. BRINTON, M.D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

Hence, Reports of the Proceedings of Medical Societies, Correspondence, Notes, News, and Medical Observations from all parts of the country are solicited and will be gladly received for publication.

☞ Subscribers are also requested to forward copies of newspapers containing Reports of Medical Society Meetings, Marriages or Deaths of physicians, or other items of special medical interest.

The experience of *country practitioners* is often particularly valuable, acquired as it generally is by independent study and investigation. The REPORTER aims especially to furnish a medium to bring this information before the general medical public, and it is a duty to the profession to publish it.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

The Editor disclaims responsibility for any statement made over the names of correspondents.

☞ NOTICE. 1875.

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THE CAUSE AND SPREAD OF SCARLATINA.

Some years ago (in 1871) Dr. ALFRED CARPENTER, of London, published a paper in the *Lancet*, in which he brought out some new ideas regarding the causation of scarlet fever. He maintains that this disease may, and often does, arise *de novo*, and results from decomposition of the blood of healthy or diseased vertebrate animals, under the influence of certain unknown conditions. He thinks that the poison is probably more virulent when produced from diseased materials, and that some of the granules contained in blood undergo a corpuscular degeneration, and are the exciting agents in the production of the fever by altering the character of the zymosis which is said to be always proceeding within the body. He brings forward a number of facts in support of his theory. Cases are given where scarlet fever broke out and proved fatal in new houses, which had been built on land previously manured with blood from slaughter-houses. He holds that the disease is independent of the sanitary state of the district, as it prevails to a great extent where good drainage and other measures have driven typhoid away.

These views have, perhaps, not received the attention they merit. They have recently been repeated by their author in the English journal, *Public Health*, and commented upon in the same periodical by Dr. WILLIAM PROCTER.

In spite of what at times has been urged by those who do not believe in the epidemic character of scarlet fever, for our part, we consider it a fact of the most undoubted and weighty character. Frequent observation leads us fully to endorse the opinion of Dr. PROCTER, that not only is the disease infectious in the full sense of the term, but also that the malignity of the infection is something appalling. It spreads with fatal severity, and adheres with great tenacity to that which it touches, so that the walls, furniture and clothes, not only of the patient, but of the persons about him, retain an

infectious property. A proof of direct communication exists in the fact that children who have been inoculated with the serum found in the vesicles which sometimes accompany the eruption have taken the disease.

There are, moreover, circumstances in the progress of scarlet fever which tend greatly to aid diffusion of the poison. In the desquamation of the skin during convalescence, the epithelium becomes broken down into minute portions, so that it constitutes little more than dust, each particle of which is charged with an infectious power. This finely comminuted matter, by reason of its levity, is widely diffused, and gives one cause for the intense activity of propagation which characterizes the disease. But the singularity of scarlet fever is evidenced by the length of time which infected articles of clothing may retain a dangerous character; at the end of twelve or eighteen months, or even longer, such articles have been known to communicate infection, and hence the necessity which exists, that we should do all in our power to prevent the additional evil of diffusion. Dr. G. Johnson considers that the infective power lasts over a month from the first day of the disease. The carriers of the poison are the secretions of the throat and nose, the epidermic scales, and the excretions.

Thorough ventilation and disinfection are the agents we must call to our aid to limit the action of the scarlatinal poison. The clothing, bedding, etc., should be subjected to a dry heat, of at least 220° Fah., for several hours, or should be soaked in a disinfecting mixture of the following composition:—

℞. Hyposulphite of soda, ℔j.
Sulphuric acid, ℥vj.
Water, gals. viij. M.

The rooms should be purified by burning sulphur, and the patient thoroughly cleansed before he should be allowed free intercourse with other persons.

It has been observed in England that scarlatina, in its yearly visitations, is subject to regular exacerbations and remissions. If a diagram is made exhibiting its increase and decrease, a certain regularity of form is noticed.

The scarlatinal wave for a year is nearly always at its lowest point in spring, and at its highest late in autumn, usually in the months of April and November. This may be called the annual wave, and varies but little in its course, whether the disease be epidemic or not; although, of course, the line will rise higher when a large than when a small number of deaths is recorded; but in nearly all cases the lowest and highest points will occur at the times of the year just mentioned. An examination of the deaths in London, Eng., recorded during thirty-two years shows that the *lowest* point in each year was reached on fifteen occasions between the tenth and fifteenth weeks, and in nine others between the fifteenth and twentieth weeks.

The inquiry naturally arises: What are the causes of this periodical increase in the height of the scarlatinal wave? Does it arise from seasonal influences, or other causes at present unknown? The careful comparisons made by Dr. Tripe in 1848, and by Dr. Richardson some years afterwards, show that a temperature below 44.6° Fahr. corresponds with the spread of scarlet fever; whilst a temperature above that point is coincident with an increase in the mortality; also that the greatest mortality in the year occurs when the temperature ranges between 49.6 and 56.9°, but that the increment in the mortality does not occur in the same ratio with the increase in the temperature. This latter conclusion might have been expected, from the comparative regularity with which the disease assumes an epidemic form every four years; whilst there are not any corresponding sequences in any of the atmospheric phenomena.

Such facts indicate a definite connection between its epidemics and some undetermined meteorological conditions, other than mere temperature. These, together with the exciting moments derived from the decay of animal substance, can only be determined by further investigation.

Notes and Comments.

Dr. Beale on Fever Germs.

From some recent utterances of this veteran microscopist, we learn his present views on fever germs. What circumstance especially favors the generation of fever poisons in the members of a community? To this Dr. Beale would reply—A chronic state of filth. But while he thus strongly insists upon the origin *de novo* of fever germs in persons living in defiance of sanitary laws, Dr. Beale distinctly recognizes the transference of the poison from one body to another, or, as he expresses it, the possibility of its being "imported." Still, the presence or not of filth will determine the occurrence of the fever after such importation. This is, indeed, the turning point of Dr. Beale's argument; for he declares that while the free growth of imported fever germs is insured by a chronic state of filth, the germs will, on the other hand, die if the body into which they gain entrance be not in a state favorable to their multiplication. The state of health, or, as it may be otherwise expressed, the power of resistance, may be preserved by good water and well-arranged sewers. For, "even though the inhabitants of a town well drained and supplied with good water should be fully exposed to the assaults of hosts of fever germs, in their highest state of morbid activity, they would suffer no injury."

Spiritual Manifestations of the Eddy Brothers.

These brothers, who live near Rutland, Vt., have for a long time excited much public comment. Our friend Dr. Geo. W. Beard, whose exposure of "Brown, the mind reader," we published recently, paid them a visit not long since. He writes:—

"The sum of the matter is that all of the performances of the Eddy family, except the materialization of a variety of forms, are old, exploded tricks. The key point of the deception is the physiological flexibility of the family." With regard to the "materialization phenomena," he says: "They always take place in a light which is almost darkness, and in which nothing but outlines can be discovered. In such a light, practiced contortionists, such as the Eddys, could pass themselves off as dwarfs, or, by the addition of a high head dress and a little stretching, might personate a giant."

Dr. Beard unhesitatingly qualifies the "spiritual" phenomena observed as pure trickery. The seances are qualified as light, dark, and materialistic. The chief trick in the light seance is the production of music by supposed spiritual hands. An individual is acted on in each instance. "The medium clasps the arm of the individual in both his hands. A shawl hides the hands of both, and the screen divides the two from the table upon which the musical instruments lie within easy reach of the medium. This circle completed, a jangling of guitar strings and tambourine makes a poor apology for heavenly music, and during the interlude a spirit hand is passed gently across the face of the passive party. The individual is convinced that the grasp of the two hands is never once released from his arm, and so concludes that spirits agitate the guitar strings." The success of this trick, Dr. Beard observes, "depends on an interesting, well-known physiological fact, namely, that when the arm is bared and cold hands are clapped on it and pressed hard, the sensation is so benumbed that if the lower hand be removed, the person operated on will not know it."

"The key points of the deception are the physical flexibility of the family and the benumbing of the arm trick in the light seance. All those who deal with the insane and with criminals know that there are persons so flexible and limber that they cannot be kept handcuffed or tied in any way."

Death and the Doctor.

It is stated that the San Francisco *News Letter* publishes the name of the attending physician in its death notices. The German medical journals say the same is done by a newspaper at Agram, in Croatia. What good can result from this? Is it not well known that the most eminent physicians have the largest percentage of deaths in their practice, simply because they are called to the most desperate cases? But the public might receive a very erroneous impression.

The State Hospital for Women and Infants.

This beneficent institution, located at 1718 Filbert street, Philadelphia, is for the care of destitute women, married or single, during childbirth, and while suffering from diseases peculiar to their sex, and for the nurture and maintenance of the children born of them. It depends entirely upon private charity for sup-

port, and no more worthy object of charity exists in this community. From the annual report before us, it appears seventy-one children were born in the institution. Those who would aid in this good work can address Dr. J. W. White, 2012 Green street, President of the Board of Governors.

The Last Word About Alcohol.

In Dr. Pavy's recent and excellent book on *Dietetics*, he sums up the question of the physiological use of alcohol in the following words:—

"From a review of the evidence as it at present stands, it may reasonably be inferred that there is sufficient before us to justify the conclusion that the main portion of the alcohol ingested becomes destroyed within the system, and, if this be the case, it may be fairly assumed that the destruction is attended with oxidation and a corresponding liberation of force, unless, indeed, it should undergo metamorphosis into a principle to be temporarily retained, but nevertheless ultimately applied to force-production."

Is Circumcision a Hygienic Rite?

It has been generally supposed that circumcision, whatever symbolical meaning it had, (and it has been carried on by many nations besides the Jews), is a useful hygienic measure. The Vienna medical journals, however, for November, contain some articles calculated to cast doubt on this opinion. Drs. Levit and Kohn both write against it. The latter is himself of the Jewish persuasion, and lost his child in consequence of circumcision. He says that during a practice of thirty-five years he has known of six cases of death arising from this cause. Among the reasons for opposition, Dr. Levit mentions the premature beginning of sexual excitement in boys deprived of prepuce, and the disposition to onanism so common among Eastern people; also the ready exposure to syphilitic infection, independently of the similar danger, soon after birth, from the mouth of the operator, which is employed in stopping hemorrhage. He distinctly regards circumcision as a criminal manipulation, and calls upon the medical profession to oppose the practice.

The Chloral Habit.

From various quarters in this country, England and France, notices come of the growing consumption of chloral for "nervousness," "bad dreams," etc. Nothing but the worst effects, especially mental ones, can be expected from the prolonged anæmia of the brain caused by the continued use of chloral. Physicians should be awake to the danger.

Correspondence.

Letter From Vienna.

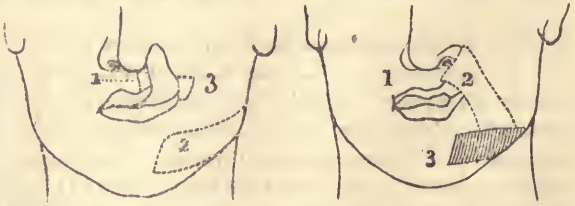
Vienna, November 15th, 1874.

Ed. Med. and Surg. Reporter:—

According to promise, I send you an account of a few cases from the several clinics at the K. K. General Hospital, in this city.

Prof. Billroth has already performed some very interesting operations, one of which, a plastic, to restore a defect in the mouth, is particularly worthy of note, on account of the ingenious method employed. The patient, a girl, æt. seventeen, had *noma* of the cheek after variola, and the process had destroyed a portion of the angle of the mouth with the ala of the nose, and a portion of the cheek on the left side, leaving a triangular defect through which the teeth, etc., could be seen. The first object was to complete the circle of the mouth, and then cover the defect in the cheek. As the process of patchwork was rather intricate, it can best be explained by a diagram I have enclosed.

(*a.*) BEFORE OPERATION. (*b.*) AFTER OPERATION.



1. Small flap moved down from upper lip to complete circle of the mouth, with No. 3.
2. Flap taken from lower jaw and moved up to cover the original defect as well as to replace tissue taken from upper lip to make Flap 1 and No. 3.
3. The ala of the nose to be left to granulate.

Another operation was for the removal of a carcinoma of the tongue (of eight and a half months' duration), involving the floor of the mouth and the under surface of the tongue. Within the last three weeks its growth had been rapid and painful. It was removed by making an incision over the lower border of the inferior maxilla, extending about an inch and three-quarters on either side of the symphysis. The periosteum was then loosened and the semicircular flap turned down from the chin, and the tongue was dragged out through the opening. After the lingual arteries had been secured, the growth was removed by careful dis-

section. The first incision necessitated shaving the tongue thin and pointed, so the tip was turned under, and two sutures held the raw surfaces in apposition, and gave the tongue a more natural shape. The flap from the chin was then replaced, and the wound left open, for obvious surgical reasons.

The patient was fed with a stomach tube, and the healing process progressed favorably until the third day, when the pharynx became inflamed, its surface and that of the granulating wound being studded here and there with patches of diphtheritic exudation. Tincture of iodine was then applied to the inflamed surface, and the spots of exudation touched with a solution of acetate of alumina (prepared extemporaneously by combining acetate of lead with ordinary clay, the chemically pure acetate of alumina, besides being expensive, is not always at hand). Unfortunately the tip of the tongue, which had been turned under, sloughed, but the diphtheritis and accompanying inflammation soon disappeared. A week after the operation, the edges of the flap from the chin were pared and the wound closed, and at last accounts the wound was progressing favorably.

Prof. Billroth performed extirpation of the larynx for the *second* time, in a case of epithelioma, in which the epiglottis, false and true cords, were involved, and the patient was suffering from great dyspnœa, there being but a small space left for the passage of air. As the glands had not become affected the case was considered favorable for operation. An incision was made in the median line, from the upper portion of the larynx to the sternum. Upon dissection the isthmus of the thyroid gland was found enlarged, and after stout ligatures had been placed on either side, it was severed and the larynx and trachea exposed. The former was isolated from the surrounding tissues by means of a retractor, and was severed from the trachea below the cricoid cartilage, the large vessels being ligated, and dissected from the œsophagus, from below upward and leaving no trace of the disease. Before completely severing the trachea from the larynx, he united the former to the skin on either side, so as to keep it from slipping into the thorax. The tube was then placed in the trachea, and the operation was attended by very slight hemorrhage.

The patient did moderately well, with the exception of a slight bronchitis and some annoyance caused by secretions from the wound getting into the trachea at the opening not fully closed with the tube. To prevent this the wound was packed with lint, which was changed every four hours. On the night of the 5th day after the operation the patient was suddenly attacked with dyspnœa, and died of acute pneumonia.

Prof. Hebra has a large class, and in the two hours that he spends in the hospital every morning, shows many interesting cases, one of which served to illustrate how carcinoma may complicate "old lupus." The patient was a man, æt. 50, who, for the last forty years had been suffering from *lupus vulgaris* of the left leg and foot. From time to time it had ulcerated and cicatrized, but about two years ago an ulcer appeared in the middle and inner plantar surface of the foot, and the sore gradually increased up to date. Patient anæmic, and of the usual cachectic appearance attendant upon all such diseases, and suffers more or less pain continually. The left foot is swollen and indurated, and has a conical shape, presenting all the appearances of *elephantiasis arabicum*. The dorsal surface is studded with the characteristic lupus nodules, of a dull red color, and situated deep in the corium, but not extending much above the ankle. A large ulcer, about two and a half inches in diameter, is filled with flabby yellow fungoid granulations, which sprout two or three lines above its indurated border. In short, it presented all the marked appearances of a carcinoma in the ulcerative stage. Vienna paste (equal parts of quicklime and caustic potash mixed in alcohol) was applied to the granulating surface of the ulcer for fifteen minutes, and then the foot was placed in a water bath until the slough suppurated.

Whilst on the subject, I will mention, in passing, another case (which I saw in the wards of Prof. Jaeger). It was *elephantiasis* of the skin of the anterior portion of the head, which hung in large lobulated masses all over the forehead (now a mass of cicatricial tissue). The dependent upper eyelids, almost reaching to the mouth, hung as huge masses of flesh over each eye. The patient had been operated upon by Prof. Billroth, and the lobulated masses removed from the forehead in seventeen different operations, and the left upper lid was almost restored to its natural size. Of course, the operations had obliterated the levator muscle, but when going out, the patient had the knack of fixing his tight-fitting hat over the left eye, and this drew up and held the lid in position.

As a local application for lupus, Prof. Hebra uses one drachm caustic potash to three drachms of water, applied over a small portion of the diseased surface, so as to remove the epidermis, and then to the exposed nodules he applies a saturated solution of nitrate of silver.

For scabies, which is by no means a rare disease in this country, he uses the following ointment (known here as "smear salve"). With this the surface of the body is to be, not rubbed, but thoroughly scrubbed.

℞. Sulphur lact.
Saponis virid.
Olei. fagi (better) ol. rusci.
Adipis suill, āā pars. eq. M.
Et ft. ungt.

This is to be left on for a short time, and then the patient must be well cleansed in a bath, and one such application is generally sufficient to destroy the canals of the "acarus scabei."

Prof. Sigmund recommends the following recipe for syphilitic papules and ulcers around the mouth and genital organs.

℞. Corrosive sublimate, gr. j
Alcohol,
Ether, āā fʒss.

To be applied with a brush, night and morning. This, with the constitutional treatment, has been found very successful.

For venereal sores he uses the so-called "blue bath," or solution of sulphate of copper, in which the parts are to be bathed from five to ten minutes, three times a day.

Teaspoonful of a saturated solution, to a champagne glass full of water. He is particular about the glass, which he says can always be found by his patients.

For epididymitis, the scrotum is frequently painted with tincture of iodine, which, besides acting topically, acts mechanically, by thickening the skin, and so exerts pressure and furnishes a better support.

For pernio, or chilblains, Prof. Hebra recommends the following ointment to be spread on strips of linen, and wrapped around the parts at night.

℞. Cerat. simp.
Olei. olivæ, āā fʒj
Glycerinæ, fʒij
Camphoræ tinct. fʒj. M.

Et ft. ungt.

Although so far from our native land, her good old customs are not forgotten. The Americans at the medical department of the University, some thirty in number, intend celebrating Thanksgiving day by a Reunion, and the usual dinner of turkey and plum pudding. Very truly yours, CHAS. S. TURNBULL, M. D.

NEWS AND MISCELLANY.

Philadelphia County Medical Society.

Dr. D. Hayes Agnew will deliver the annual address, as retiring President, at the Hall of the College of Physicians, Wednesday, Jan. 6th, 1875, at 8 o'clock, P.M. The Medical Profession in Philadelphia are cordially invited to be present.

Personal.

—Eugene H. Abadie, Surgeon of the U. S. Army, died at St. Louis last week. He had been in active service nearly forty years.

Items.

—Trichinosis is reported at Salzburg, Mich.

—The Eye and Ear Clinic of the Howard Hospital, 1518 and 1520 Lombard street, will be held hereafter, daily, at 11 o'clock, A. M.

—The Cincinnati *Commercial* says: A young lady of that city passed a year at a German University, studying medicine in the disguise of a male, and successfully evaded detection.

—It is rumored that Governor elect Tilden has tendered the office of Surgeon General of New York, to Prof. Austin Flint, Jr., M. D., of Bellevue Hospital Medical College.

QUERIES AND REPLIES.

Dr. A. J. C.—We have two or three copies of the *Medical and Surgical History of the War* on sale, at $25.00 each, 2 large 4to vols.

OBITUARY.

DR. JAMES VAN ZANDT BLANEY.

Dr. James Van Zandt Blaney, Professor of Analytical Chemistry in Rush Medical College, died at his residence, in Chicago, on Friday morning. Dr. Blaney was born at Newcastle, Delaware, May 1st, 1820. His death resulted from an organic disease of the liver, which had troubled him for the past two years, not assuming an aggravated form, however, until about six months ago. He graduated at Princeton, and received his medical education at the University of Pennsylvania. He was a pupil of Prof. Henry at the Smithsonian Institute, ably assisting that gentleman in his chemical laboratory. He removed to Chicago thirty years ago. In connection with Prof. Brainard, he founded the Rush Medical College, and upon the death of President Brainard, in 1866, succeeded him, filling the position until compelled by ill health to resign, some three or four years ago. He also founded the Chicago *Medical Journal*, and ably edited it for some time. He was looked upon as the most distinguished chemist in the Northwest, and he was also a skillful physician. He was at one time Professor of Chemistry in the Northwestern University, and was also Medical Director in connection with several departments of the Union army in Virginia. He occupied this position on the staff of Gen. Sheridan at the battle of Winchester, and took charge of the wounded in the hospitals. Dr. Blaney was married July 8th, 1847, to Miss Clarissa Butler, niece of Benjamin F. Butler, of New York, who was Secretary of War during Van Buren's administration.

MARRIAGES.

JACOBY—COOPER.—In this city, on Tuesday evening, December 8th, at the residence of the bride's father, by the Rev. H. H. Weld, D.D., Dr. Wylie Jacoby and May, second daughter of W. Morris Cooper, of Moorestown, N. J.

KELLOGG—OSTROM.—On Thursday, Dec. 10th, at the residence of the bride's parents, by Rev. Isaac L. Kip, Charles M. Kellogg, M.D., of Fordham, N. Y., and Miss Lizzie, daughter of Alfred Ostrom, Esq., of Stockport, Columbia county, N. Y.

LOGAN—WAMPLER.—On Wednesday, 2d ult., at the home of the bride, in Oxford, O., by Rev. J. M. Wampler, James M. Logan, M.D., of Fairhaven, O., and Miss Sarah Belle, daughter of the officiating clergyman.

DEATHS.

GREGORY.—At Mount Vernon, N. Y., on Sunday, November 22d, 1874, Josephine A., youngest daughter of Dr. J. S. and Josephine A. Gregory, aged seven years.

LANGDON.—On Monday morning, at 5 o'clock, Clara, daughter of Dr. A. H. Langdon, aged 5 years and 8 months.

LANSDOWNE.—At Greenville, O., November 30th, Florence L., daughter of Dr. Z. M. and the late Mary G. Landsdowne.

MILLIGAN.—At Newport, Perry county, Pa., on November 28th, James Milligan, M.D., of Carlisle, Pa., in the twenty-seventh year of his age.

PRICE.—In this city, on the morning of the 8th ult., Burroughs Price, M. D.

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Original Department.

Communications.

PHYTOLACCA DECANDRA AND ITS USE IN MAMMITIS.

Read before the Northwestern Ohio Medical Association, at its semi-annual session at Forest, Hardin county, O., Dec. 3d, 1874.

BY F. W. FIRMAN, M.D.,

Of Findlay, Hancock county, O.

We have growing all around us, in the fence corners of almost every field, and along the borders of our forests, a very valuable remedy, which I believe has been too much neglected. Passing by this plant, which is so common and easy of access, we have tried in vain to find equal virtue in plants that are rare and difficult to obtain. Perhaps, had Phytolacca Decandra been a native of South America, or found only upon some barren rock in mid-ocean, some daring cunduranguist, with governmental aid to back him, might, by its discovery and sale, have gained notoriety and riches.

Phytolacca Decandra, commonly called Poke, or Garget, is indigenous to North America. It is also found growing spontaneously in Northern Africa and in Southern Europe. The root, leaves and berries are used medicinally, but the most convenient form for general use internally is the fluid extract of the root. For external use the solid extract is the best.

It is described in the United States Dispensatory, as being, "emetic, cathartic, and somewhat narcotic." Its alterative properties are barely hinted at, but its power as an antiphlogistic is not mentioned. It is chiefly to its antiphlogistic, and I might say almost specific properties, as displayed in the treatment of mammitis, that I desire to call your attention to-day. Mammitis has been regarded as the opprobrium of medicine, so little success having attended the treatment of this painful and aggravating affection. The great majority of cases, notwithstanding our greatest efforts to abort them, will suppurate, and the exquisitely sensitive mammæ has been the seat of untold torture to the interesting patient, and the greatest anxiety to the sympathizing yet powerless physician. Anything which promises relief should be eagerly sought after, and unremittingly applied. A specific in mammitis will be accepted with the most profound gratitude by the suffering patient.

In the *American Journal of Medical Sciences*, for January, 1873, page 275, Dr. G. W. Biggers, of La Grande, Oregon, reports three cases of mammitis cured by the phytolacca decandra, and says that he has used the remedy in many other cases, and "it has never yet failed in a single case." In the *Clinic* for November 9th, 1873, vol. v. No. 22, page 254, Dr. C. H. Tidd, of Middleport, Ohio, calls attention to the fact that Dr. J. C. Bishop had seemingly aborted four cases of mammary abscess by the employment of this remedy.

The plant has long been favorably known as a remedy for garget, "an inflammation in the udders of cows." It is from its use in this disease, that one of its most familiar names is derived; or perhaps the converse of this is true. During the past year I have tested its virtues in several cases, and can bear witness to its beneficial effects. Indeed, so much confidence have I in its efficacy in mammitis, that I believe no

case should be allowed to pass without giving the poke a thorough trial, for in no case yet tried by me has it failed to give perfect relief.

I do not propose to consume your time by presenting a long array of cases, but will give the history of a single case, typical of the rest, wherein its effects were singularly and peculiarly beneficial.

Mrs. R., aged about forty; is the mother of five children, and was delivered of the last on Monday morning, February 8th, 1874. The labor was a rapid and comparatively easy one, nothing unusual occurring during its progress. Following the last three previous labors, she has suffered with mammary inflammation of both breasts, suppuration occurring each time, and lasting for several consecutive weeks, accompanied by all the horrible suffering attendant upon such cases. She very naturally fears a repetition of the trouble, and entreats me to try and do something to save her from again enduring, as she expresses it, "torments worse dreaded than death."

An examination showed the mammæ already somewhat enlarged and tender. Numerous cicatrices, marks of former inflammatory action, were observed on both glands. Also a peculiarity of the case, viz., the absence of any protruding nipple. An ointment of camphor and lard was applied, and the breasts were enveloped in heavy silk. The child was put to the breast, but could get no milk, on account of the absence of the nipple, referred to above.

February 9th. Mammæ increasing in size and becoming harder and more tender. The trouble is evidently brewing, for the lacteal ducts are becoming occluded, from the local congestion which precedes acute inflammatory action. Ordered an ointment composed of camphor, belladonna and lard, to be used thoroughly, and the breasts to be emptied every six or eight hours, by use of the pump.

February 10th. Mammæ swollen to twice their original size, very much hardened and exceedingly tender. The use of the breast pump causes severe pain, and but little milk is obtained. Continued the ointment and gave a brisk cathartic. Also gave fluid ext. veratrum viride, three drops every four hours.

February 11th. Mammæ swollen to an enormous size, red and congested; patient can hardly bear to have them touched; she complains of throbbing pains. The breast pump is used with great difficulty and without result; has had a severe chill, and now has rigors and fever; the bowels have operated freely; the patient is discouraged, and thinks the breasts will suppurate; wishes the treatment discontinued, as it is of no avail. I, too, was disheartened; my sympathies were thoroughly aroused, and my anxiety intense to save the patient from the suffering consequent upon the suppurative process, and my efforts had been exerted accordingly. What was to be done? It was in this state of mind that I went back to our office and related the case, its treatment and progress, to my partner, Dr. Hurd, asking if he could suggest anything more which would be likely to do good. After a moment's thought, he referred me to the cases reported in the *American Journal of Medical Sciences*, mentioned above. Obtaining an ounce of the fluid ext. of poke root, I returned to my patient and gave her twenty drops, ordering a repetition of the dose every four hours. The same local applications as before were continued.

February 12th. Mammæ in about the same condition as yesterday, except that the breast pump causes less pain, and by its use about one half ounce of milk is obtained from each breast. The general symptoms are much improved; continued treatment.

February 13th. Mammæ softening and the swelling decreasing; the secretion of milk is increased and is easily drawn: the patient suffers less pain, has no fever, slept well during the night, and feels encouraged; continued treatment.

February 14th. Mammæ very much reduced in size and quite soft; milk drawn easily and without pain; patient eats well, sleeps well, feels comfortable, and is running over with expressions of gratitude; discontinued the ointment, and reduced the dose of the poke root to fifteen drops three times daily.

February 15th. Mammæ soft in every part; milk comes easily and looks natural; the inflammatory action is perfectly and completely reduced. Success is ours, and we dismissed the patient feeling happy.

In reviewing this case it will be noticed that the inflammatory action increased rapidly up to the time the poke root was commenced, and that within twelve hours thereafter notable improvement was manifest, which continued without interruption until the fourth day, when she was convalescent. Let it be remembered that this is only one of several cases treated with the

phytolacca decandra, but it was my first case so treated. Since then, if the slightest symptoms of inflammatory action occur, I immediately resort to full doses of twenty drops, every four hours, and have yet to find a case wherein success has not followed.

QUINIA AS AN OXYTOCIC.

BY WILLIAM R. D. BLACKWOOD, M. D.,
Of Philadelphia.

During the last five years a considerable amount of controversy has existed in our various journals, with reference to the action of the salts of *quinia* upon the uterus during pregnancy. The weight of opinion appears to lean toward the side of those who deny that any impression is apparent, so far as any tendency to abortive action is concerned. During my residence in a part of the country where intermittent fever abounded, I had occasion to note the effect of the sulphate of quinia upon three ladies whom I attended during the time of their pregnancy, each of whom also suffered from ordinary intermittent fever.

The first case was that of a lady who was then pregnant with her fourth child. She had never been affected with any uterine trouble before coming under my care, and her previous confinements were normal. Upon being consulted by her when she was attacked by an intermittent of quotidian type, I placed her upon the usual treatment adopted by me in similar cases, viz., five grains of mass. hydrarg. at bedtime, followed next morning by a saline laxative. Sulphate of quinia was then given in doses of three grains every four hours, but no decided improvement being apparent on the third day, I increased the amount of quinia to five grains at each dose, and after twenty grains had been taken during the fourth day, decided signs of labor presented themselves. She was in her eighth month at the time, and I at once took measures toward repressing the uterine contractions, but nevertheless continued the quinia in smaller doses. In spite of all my efforts, labor set in fully, and in seven hours after the premonitory symptoms appeared, I delivered her of a boy weighing four pounds. She had no trouble during her lying in, but the child lived only a week. Her intermittent returned in two weeks after her delivery, and was easily cured.

The second case was a lady in the same neighborhood, in the seventh month of her pregnancy. She also contracted quotidian intermittent fever, and was treated in a similar manner to the first case reported. Three grains every four hours failed to cut short her chills, but in four days after commencing the quinia she was thrown into labor, like the first case, and I delivered her of a still-born child, after a labor of thirteen hours. She had previously given birth to four children, the first a boy, the second twins, both girls, and the fourth a girl also. The still-born infant was a boy, fairly developed. After her confinement I had no difficulty in controlling her fever. Her previous pregnancies presented nothing peculiar, nor had she ever suffered from any form of uterine complaint.

In the third instance, the lady presented a history similar to the two first; perfect health until the accession of the intermittent fever (also quotidian). The chills were not controlled to any decided degree, but labor set in after *thirty* grains of quinia sulphate were taken. The means taken to check the advance of her labor were futile, and in ten hours she was delivered of an infant, certainly of not more than a seven months' pregnancy, which agreed with her computation. As each of these ladies had histories showing unusually good health before contracting the intermittent fever, and as each of them had evidenced at no previous time any tendency to abort, it is fair to presume that either the fever under which they labored, or the means employed to check that fever, had some influence in inducing their premature labors. Each of them unhesitatingly ascribed their early labor to the quinia given for their relief. The small amount of blue mass (five grains), and the equally harmless Rochelle salt taken on the succeeding morning, produced only a gentle laxative impression, and in none of the cases did any unpleasant or undesirable symptom appear until the system was more or less influenced by the quinia which had been administered. Neither could I ascribe to the intermittent itself the blame, as the sequel will show.

Without entering into a lengthened history of each case, it will be sufficient for my purpose to state that within the succeeding two years I attended the same ladies for intermittent fever again, and in each case pregnancy existed at the time. Having seen one other case in the practice of a professional friend in the interval,

which resembled, in many respects, those referred to above (premature labor following the use of quinia), I determined to employ other measures in dealing with the complication which had so greatly troubled me before. I brought each of the cases fully under the influence of arsenic, by the employment of Fowler's solution, and with satisfactory result. Although a relapse occurred in two of them, the same means again proved effectual, and but little trouble was experienced in maintaining a state of perfect health in each case. The labors were normal, but in order to test the effect which quinia might have upon cases during the parturient act, I administered to each patient, when in the expulsive stage, five grains of sulphate of quinia. The effect was, in each instance, decided and prompt, as much so in the particular patients under consideration, as ergot ever has been in my hands in any other case. The contraction of the uterus was firmer when it took place, and the intervals between the pains were notably shortened. One of the ladies, the wife of an officer connected with the troops with whom I was then serving, came under my hands a third time in her confinement. Having left the post at which she contracted the intermittent fever, she was not again troubled with that disease. However, I experimented in her case, with a view to satisfy myself as to the effect which quinia seemed to have upon her, and when the expulsive stage of labor had fully set in, I gave her, first, thirty drops of a reliable fluid extract of ergot, repeating the dose in fifteen minutes. Her pains were certainly intensified by the drug, and after waiting a short time, probably half an hour, I gave her five grains of sulphate of quinia dissolved in water by the aid of ten drops of aromatic sulphuric acid. The effect of the medicine was plainly apparent to both a medical friend and myself, and we fully agreed in attributing a much greater improvement in the character of the pains to the quinia than we did to the ergot. The labor was tedious, and having repeated the dose of quinia, we found no reason to doubt as to which agent was of greater energy.

I habitually take with me, to the lying-in chamber, a small vial of Squibb's fluid extract of ergot, together with my forceps, and I never regret the trouble of carrying them along, whether they prove to be necessary or not, for often time is lost by the distance which has to be traversed in order to get your instruments, or those of a friend, or to wake up a sleepy druggist, and after all to get an unreliable article of ergot, when you need the best. Frequently, of late, I have also had with these a small vial of a solution of quinia, for the purpose of further experiment as to its power over the uterine contraction. Although in many instances it is difficult to determine the positive action of this agent, I am nevertheless led to ascribe to it, in other instances, an undoubted good result. So far as my own observation is concerned, the number of cases is doubtless greatly too small to be of much use, yet in the moderate way in which I have given it, no harm can result from its administration, and sometimes it proved decidedly beneficial. As was stated at the beginning of this paper, the weight of opinion is adverse to the claim of quinia in promoting delivery, but might not further investigation be advantageous in throwing more light upon the question as to whether quinia is or is not an oxytocic?

A CASE OF DISLOCATION OF THE SPINE, WITH RECOVERY.

BY DR. S. P. JOHNSON,
Of Waterloo, N. Y.

Read before the Medical Association of Central New York, and Recommended for Publication.

In October, 1867, I treated a case of dislocation of the spine, and for the rarity of such cases, especially those terminating favorably, I thought it might not be uninteresting to give you a description of it, even at this late day.

At the time I was practicing in the city of Oswego, New York. The case was of Jacob Devolve, of Constantia, Oswego county; occupation a boatman on the canal; age about forty-five; bilious temperament; over six feet high; weight about one hundred and eighty pounds.

On the morning of October 21st, 1867, I was called by the superintendent of the poor to go on a vessel and attend a boatman who had been injured; one or both thighs supposed to be fractured.

On arriving at the vessel I learned the following particulars: The patient was seen walking on the deck of a vessel into which were being loaded barrels of salt from a canal boat lying by its side. The distance from the canal boat to the deck was about ten feet, and about twelve feet down to the bottom of the vessel. The barrels were lifted from the canal boat into the

vessel by a loop attached to the barrel, the rope coming up over a pulley, the end passing to the dock, where, by horse power, the barrel is raised over the vessel, and by backing is lowered into the hold.

The man was walking past this place when a barrel came up, and swinging over the deck struck him on the head, knocking him head foremost into the hold of the vessel, where there was a layer of barrels. He was taken out, and was on deck when I arrived, unable to speak, understand or answer any questions. His face and clothes were well covered with blood flowing from wounds upon the scalp, and he was unable to move either leg. Upon examining his back, I found the spine very much distorted, and bent almost at a right angle, the angle pointing backward and the body was paralyzed below this point. He was placed upon some canvass, carried to a boarding house and placed on a bed. After removing the clothing, I found a dislocation of the spine between the seventh and eighth dorsal vertebra.

As this was the first case I had ever seen, I was somewhat at a loss as to the method (if there was any) of reducing it. I finally directed one man to pull from the shoulders, another from the feet, while I made a fulcrum of my leg to hold the centre and to keep the body at the same angle. Failing in that, I tried two men at each end, and found that it did not yield and the fulcrum was insufficient. I then tied a rope around the opposite side of the bedstead, and folding a quilt, placed it in front of the patient, and passed the end back to an assistant, to hold as I directed; then with three men at each end, pulling steadily, the angle being kept about as it was until there was sufficient yielding at the point of dislocation, by coaptation and a gradual loosening of the rope at the fulcrum the vertebræ were adjusted and the spine assumed its normal position.

There was also in this case *severe* concussion of the brain. There were two scalp wounds, one some three inches in length from the occiput, extending along the centre of the left parietal bone, one smaller, upon the back part of the head. As treatment I gave brandy and water until reaction had taken place in a measure, which was about twenty-four hours; the extremities had then become warm, but the pulse remained feeble. I opened a vein in the arm, from which I drew about 1¼ pints of blood, the pulse being fuller and stronger than before the bleeding.

About thirty-two hours after the injury I made four free punctures, two on each side of the spine, immediately above and below the seat of lesion, and, exhausting the air from a large tumbler, applied it, making two applications and taking over one gill of blood. This was repeated every day for four days, then every other day for three days, taking the same quantity each time until the last two.

A laxative was exhibited on the eve of the first day, which operated in twenty-eight hours, but not until after giving two additional doses of castor oil. The urine had to be drawn twice a day. The patient continued delirious all the time, until, on the eighth day, he could be induced to take his nourishment without much difficulty. In ten days he would answer some questions, and knew his sister, who was taking care of him. The sensation in his limbs commenced to return, so that he would resent it if they were pricked. In thirteen days he could move his toes; sensation was improving; he was more rational; and at this time he was removed to Fulton, to the residence of his sister, and passed into the hands of other physicians. Six weeks afterwards I heard from him—that he was able to walk with a cane. In the spring following (six months from time of injury) he was reported to be working and well.

IODOFORM—OXALATE OF CERIUM.

BY F. K. BAILEY, M. D.,
Of Knoxville, Tenn.

In a short paper upon the subject of dysmenorrhœa, in the Reporter, for Dec. 10th, 1870, I alluded to the use of iodoform in one or two cases of painful menstruation. Since that time I have seen but little notice of the article having been used internally. I have used it in some cases since 1870, with satisfactory results. Made into a pill containing one grain, with extract taraxacum, and given at each meal for a week before the expected period, it will greatly modify the distress which commences twenty-four hours before the menstrual show. It is found to produce a soothing effect, and to obviate a tendency to insomnia. I have never prescribed it internally for any other affection, but presume it will be found to possess an alterative effect. To insure a permanent good result, it should be given faithfully and systematically for months, and if

it is found of benefit, I would advise its use for years.

Painful menstruation has been the bane of female existence from time immemorial. Some claim that they never feel pain to any degree of severity, while others say that in their girl life they suffered more in menstruating, than in subsequent years in childbirth.

Much depends, however, upon the condition of the alimentary canal, in our efforts to prevent or relieve distress at the menstrual period, and each case requires careful scrutiny. It is not always that we can arrive at a certainty in regard to the true condition of the intestinal tube. There is an astonishing want of attention to the matter of elimination, which is second to assimilation in the animal economy.

The combination of iodoform with some laxative will be of benefit, for we seldom meet with a subject of dysmenorrhœa who is not constipated. It is only in anæmic cases that iron need be combined.

I have often applied this substance to ulcerated surfaces, both simple and specific. In balanitic sores, both chancrous and otherwise, it is a soothing application, to precede caustics, as well as to follow their use. It can be made into a cerate, but I oftener put the dry powder to the part, to be dissolved by the secretions. From, perhaps, a limited use of the article, I am favorably impressed with its effects, given internally, and I intend to closely observe them in the future.

The late Dr. Moses, of this city, used iodoform quite extensively as a local application in ulcerations of the os and cervix uteri, both dry and made into a cerate with cocoa butter. I do not think its use is very general in the profession as an internal remedy.

Oxalate of Cerium.

This salt has come into notice since 1850, as we do not find it mentioned in the U. S. Dispensatory of 1849. To obviate the vomiting of pregnancy it was used in Scotland about fifteen years ago, by Prof. J. Y. Simpson. In Braithwaite, Part xl, Art. 109, is found a sketch of its history by that distinguished gentleman.

I began to prescribe it in 1860 for nausea of pregnancy, and also in cases of chronic gastric affections, with gratifying results. I do not now remember a single failure, when given for the vomiting in pregnancy, in all my subsequent practice. During the winter of 1860–61, I met with a case of gastrodynia in the person of a lady who had suffered for years with this affection, which at times would cause, or be concurrent with, hysterical phenomena. A few doses produced decided relief, and the medicine was always resorted to when there were indications of a paroxysm.

A few months ago I was consulted in the case of a young lady who had suffered much for years from cardialgia. Although most commonly felt after a meal, still the paroxysms would recur when the stomach was empty, and often other organs were simultaneously affected. I prescribed oxalate of cerium in doses of one grain, combined with three or four grains of subnitrate of bismuth, and the result was very favorable. As usual, habitual constipation obtained in this case, which required appropriate remedies. One obstacle in the way of treating such cases successfully, is the difficulty in securing a persevering concurrence on the part of the patient. Such affections are often, if not generally, induced by want of system in personal hygiene, and this very lack of attention to the rules of health presupposes a like disregard to the carrying out of a means of cure.

A few days ago I met with a case in which there was nausea and vomiting, attendant upon cough in incipient phthisis. Her usual medical attendant being absent from town, I was consulted, when it was found that she had vomited a quantity of small lumbrici. I prescribed as follows:—

℞.—Santonin, gr. vj;
Subnit. bismuth, gr. xv;
Oxalate of cerium, gr. iv. M.

F. Pulv. No. 4. Sig. One every 6 hours, and a tablespoonful of castor oil after the last dose.

Calling next day, found she had voided a large mass of worms, like a ball, with great relief. The bismuth and oxalate quieted the irritability of the stomach, while the santonin disabled the worms. On the third day she voided a very long round worm, which might have been a progenitor of the multitude.

Lotion for Phagedenic Ulcers.

Prof. Profeta, of Palermo, has found that the application of a solution composed of pepsin, 15 grammes, lactic acid, 3 grammes, and water, 100 grammes, has succeeded in completely curing many of these cases, after numerous other reputed remedies had been tried without any result.

Hospital Reports.

PENNSYLVANIA HOSPITAL.

Service of Dr. R. J. Levis.

REPORTED BY DR. JOHN B. ROBERTS.

Epithelioma of the Tongue—Amputation by the Ecraseur.

Richard C——, aged 50 years, was admitted to the hospital with carcinomatous disease of the tongue, which, according to the statement of the patient, first attracted his attention about three years ago, when he noticed a small lump at the back part of the organ. The affection increased but slowly until six months since, when it assumed greater activity, and, becoming ulcerated, was the seat of a foul discharge, but although the disease involved the root together with the left side of the tongue, it did not materially interfere with deglutition or articulation, and there was not much pain accompanying its progress.

Carcinoma of the tongue is almost invariably epithelioma, and occurs usually in persons beyond middle life, as is the case in the present instance. Beginning as a small tubercle or sore at the side or base of the organ, it gradually increases and involves the surrounding tissues, until finally the whole tongue is one mass of disease, filling up the mouth, obstructing respiration, and preventing deglutition and articulation. As the affection progresses the patient shows unmistakable signs of the carcinomatous cachexia, and at last dies exhausted by pain and constitutional irritation.

As regards diagnosis, syphilis is the only disease that the surgeon is likely to confound with epithelioma of the tongue; and without the exercise of great care a mistake in diagnosis may readily occur, for deposit of gummous matter in the organ presents, in some respects, similar appearance to that exhibited by carcinoma.

In specific trouble, however, there is a syphilitic history, the surgeon will most probably find other evidences of constitutional taint, as nodes and caries, and the disease is generally situated in the middle of the tongue, instead of at the base or edge, as epithelioma. Cancer also gives more pain, interferes to a greater extent with articulation, and is more apt to be followed by lymphatic involvement. If there is still doubt in the mind of the surgeon as to the nature of the case, the influence of anti-syphilitic treatment will afford him valuable aid in arriving at the correct diagnosis.

The general treatment of carcinoma of the tongue, as far as a cure is concerned, is, of course, valueless, but much can be done to palliate the suffering of the patient, by attending to the general health and meeting the various indications as they arise. Excision of the tongue, or of a portion of it, is in most cases justifiable, for it removes the offensive mass from the patient's mouth, and thus frees him from the baneful effects produced by constantly swallowing septic discharges, and at the same time makes his life more endurable to himself and to his friends.

As the disease in this case extends far back to the very root of the tongue, it will be somewhat difficult to get the chain of the ecraseur around the entire mass; but if this cannot be effected through the mouth, it can be done by entering through an opening made below the chin, passing in a large needle with a cord above the hyoid bone, and bringing it out at the same puncture, so as to encircle the diseased mass with a loop of the attached cord, by which the chain of the ecraseur can afterwards be drawn into position. Another method would be to make an incision parallel to the lower edge of the jaw, extending from one facial artery to the other, and then to cut through the mylo-hyoid muscles forming the floor of the mouth.

In this case, however, the operation will be attempted through the mouth. After the man has been thoroughly etherized, the tongue, grasped by the forceps and hooks, is dragged as far forward as possible, and then several long acupressure needles are thrust through the organ behind the parts involved in the disease. It is remarkable how far the tongue can be drawn out of the mouth by this means when the patient is relaxed by the anæsthetic; indeed, it would seem as if the epiglottis were almost brought forward in contact with the teeth.

The chain of the ecraseur is applied behind the needles, which are employed to keep the instrument in position, in order that the whole of the disease can be removed at once. The screw is now slowly turned, and the entire tongue crushed through, with the exception of a narrow portion on the right side, which is not involved in the disease, and is therefore allowed to remain.

The advantage of using the ecraseur in these operations is the freedom from hemorrhage that it secures; which, if the knife were employed, would be severe and hard to control, since it would be impossible to ligate all the small vessels, and the employment of Monsel's solution in the mouth is dangerous, because of the possibility of clots falling into the glottis and producing asphyxia. Notwithstanding the slow crushing action of the chain, it is necessary in this case to apply a ligature to the lingual artery, which must have been divided too rapidly, as it is bleeding quite freely.

The patient shall be kept upon tonic treatment, combined with good nourishing diet, of a fluid character, that will not require mastication.

* * * * * * * * *

The man is now, more than a week since the operation, doing exceedingly well, and there is every prospect of his being much more comfortable than he has been for many months; the ultimate return of the disease, and the consequent death of the patient at no distant period, is, however, to be expected.

Editorial Department.

Periscope.

Operation for the Radical Cure of Hernia.

Mr. Charles Steele, F.R C.S., Surgeon to the Bristol Royal Infirmary, reports the following case in the *British Medical Journal:*—

George Barwell, aged 8, was admitted, under my care, into the Bristol Royal Infirmary, in May, 1873, with large congenital inguinal hernia of the left side, for the radical cure of which by operation his parents had four years before been advised to bring him to the infirmary when he reached the age of eight years. Having had some cases of union by first intention in operations for strangulated hernia, when Lister's dressing was used, I had regretted that I had not stitched the pillars of the rings together with carbolized gut, and thus probably prevented the return of the hernia. Acting on this idea, I operated on this boy in the following simple manner. I made an incision, an inch and a half long, parallel to and between the pillars of the external ring, and dissected down carefully till the pillars were clearly exposed. I endeavored to roughen their edges by scraping them with the scalpel, and then introduced two catgut sutures at a fair distance from the margins, laying the needle flat against the inner surface of the tendinous tissue, to avoid wounding the peritoneum (both rings being drawn close together, owing to the long duration of the hernia), and tied these ligatures firmly, leaving room for the spermatic cord, cut the ends off close, and then united the skin with the same material and applied the carbolized dressing. The whole operation was performed under the carbolic acid spray. No pyrexia, peritonitis, or bad symptom, followed; slight tenderness only in the wound was felt. The child did well; the deep parts united firmly, the superficial granulated; and, after a week, simple ointment was substituted for the former dressing. All was healed in three weeks. The boy was kept in bed as a precaution for a week longer, then allowed to get up, and soon afterwards to return home to the country, where for six months, without a truss or any support, he played about freely without any recurrence. He was brought up meantime every month, for inspection, on each of which occasions the parts were found quite firm and sound. But, at the end of six months, owing to some unusual exertion, a sudden descent and strangulation took place, and the boy was brought to the infirmary. On examination, the scrotum was seen to be enormously distended, quite four times as large as with the original hernia. It seemed as if all union had given way, and much more intestine than before had been forced through the opening. But, by palpation, I found that the scrotum was full of serum suddenly exuded through pressure on the veins of the cord by a sudden strangulation of the intestine, which proved to be a very small portion. I tapped and drew off the fluid, and, the intestine being returned, the symptoms ceased; yet, during successive days, the gut descended and opened up the orifice to nearly its former size.

My colleagues fully approved of my proposal to repeat my operation, as the case had done well for so long a time; and I accordingly operated as before, introducing three sutures instead of two, and leaving the cord a less free channel. All healed, as on the former occasion, with no bad symptom; but, when the external wound was quite well, I applied a truss with a flat India-rubber pad, and desired that it should be always worn until I ordered its discontinuance. I learned by my former over confidence to give time for effused lymph to become firmly organized.

It is now a year since the second operation. The boy was examined last week, after being without the truss for a day; no impulse could be felt; the deep union was firm, and the boy felt the part well supported.

On Diphtheria.

The London *Medical Times and Gazette*, quoting from Italian sources about an epidemic of diphtheria at Milan, says:—

The following are the conclusions which are drawn from a comparison of the reports of the various health officers of the communes which were attacked by the disease:—1. All the practitioners of the province who have had to treat patients suffering from diphtheria are of opinion that the disease is transmissible and contagious. 2. The disease, unchanged in its characteristic features, becomes alike developed and prevails at all seasons and in all climates, in localities which are dry, with pure air, as in those which are humid, and poisoned by mephitic and palustral miasmata. 3. While it is not exclusively confined to any epoch of life, it has a predilection for early age—*i. e.*, from infants at the breast to children below ten years old. 4. The mortality is largest below five years of age, and goes on decreasing with age and with the decreasing numbers of those attacked. 5. The sexes are alike in liability to the disease and the mortality that attends it. 6. Rigorously speaking, the disease assails in the same proportion individuals belonging to families in easy circumstances and those who are poor; but the former furnish a smaller mortality. 7. When the disease appears in a family or in a house where there are many children, a large portion of these become successively attacked. 8. Although the disease has in many cases presented

itself to practitioners with the symptoms of the angina developed, and in others the primary symptoms, owing to their mildness or to the ignorance of parents, have been overlooked, yet in most cases symptoms of general disturbance have been recognized, and have preceded by twenty-four or thirty-six hours, or even by four days, the appearance of the diptheritic deposit. 9. Death has usually been rapid, taking place in the majority of cases not later than the third day, and accompanied with the symptoms of carbonic poisoning. Deaths have, however, occured on the seventh, tenth, or even the twenty-eighth day, and then with symptoms of albuminous nephritis, paralysis, etc. 10. The mean duration of the disease, when the issue has been fortunate, has usually been from ten to fifteen days. In a few cases which have been attended with consecutive phenomena, months have sometimes elapsed before the cure has been completed. 11. No curative treatment, which can be regarded as at all constant, has as yet been discovered. 12. The measures most to be relied upon are prophylactic, and these are to be sought in the careful administration of public hygienic measures. These, the above journal states, are, in the Milanese province, in a woful state of backwardness.

The Elastic Ligature.

At a late meeting of the London Medical Society Mr. Allingham read a paper "On the Treatment of Fistulous Sinuses by means of the Elastic Ligature." After a brief history of the use of ligatures, non-elastic and elastic, and of the various instruments devised to increase the power of non-elastic ligatures, Mr. Allingham expressed his opinion that, in certain cases, the elastic ligature possessed advantages over the knife, which he recapitulated as follows:—1. The operation is painless, and the subsequent suffering very slight. 2. It is bloodless. 3. There is greater rapidity in the cure. 4. The patient need not keep his bed, nor even remain in-doors. 5. Its peculiar applicability to delicate patients, and to those having a tendency to phthisis. 6. There is usually no anæsthetic required. 7. There is a minimum amount of suppuration. 8. It may be added, the ligature is very often a most valuable supplement to the knife. The speaker enlarged on all these points, and detailed illustrative cases. His experience of the elastic ligature was founded on its use in upwards of fifty cases of very varied character. Mr. Allingham then explained the mode of using his instrument, by means of which the operation was made very easy. (A description and woodcut of this instrument were given in *The Lancet* of the 1st of August last.) He concluded his paper by expressing his conviction that, although the elastic ligature was not likely to supersede the knife in the treatment of various kinds of sinuses, yet it might be considered as a very valuable addition to our surgical armamentaria. After the President had made a few remarks about the crusade against the knife in both the preceding papers, Mr. Maunder mentioned the secondary sinuses which must also be laid open in stricture and fistula in ano. Mr. Allingham, in reply, said, in the cases spoken of by Mr. Maunder, the superficial sinuses, he thought, should be laid open by the knife, and the deep ones by the elastic ligature.

Case of Scald of the Glottis.

The following case, under the care of Dr. Hobart, is reported in the *Irish Hospital Gazette*:—

Ellen M., a strong, healthy-looking child, aged one year and six months, was brought to the accident-room of the Infirmary on Sunday, 4th June, at 6 o'clock in the evening.

The mother stated that the child was in the habit of drinking cold water from the pipe of a kettle, and that having incautiously left the kettle near the fire when it contained boiling water, the child had taken a draught of water from it. The mother said she believed the child had ejected nearly all the water. The interior of the mouth was white and scalded, but there was nothing unusual about the breathing, and the child suffered little pain.

Some sweet oil was given the child to drink, with good effect, and the mother was then directed to paint the inside of the mouth, from time to time, with a quill dipped in the oil, and to bring the child back if she became restless or oppressed in breathing. At 9 P. M. the child was again brought to the accident-room. Shortly after leaving the Infirmary she had gone to sleep, and woke up in great suffering. The face was greatly swollen, and almost purple in color; the breathing was rapid and laborious, making a peculiar grating noise, resembling a snore; the pulse was 110, and the child tossed its arms to and fro in great agony.

The child was immediately carried to the Ward, where Dr. Corby, the House-Surgeon, erected a canopy over the bed, and arranged it quite close to the fire, so that the steam of a kettle could be continually sent under the canopy.

He next ordered two leeches to be applied to the sternal notch (the bleeding to be checked as soon as the leeches fell off), and the following powder every two hours:—

℞ Hyd. subchlor., gr. j.
Antim. tart., gr. $\frac{1}{8}$. M.
Fiat. pulv.

Fresh butter was also ordered to be administered, now and then, by the mouth. Shortly afterwards the child was seen by Dr. Hobart, who approved of the treatment, and recommended its continuance.

21st. Breathing quiet, and not so stridulous; face less swollen; pulse 95. One of Smith's tela vesicatoria was ordered to be applied to the sternum, and the powders were continued.

22d. Breathing natural and easy; pulse

90; stools green; looks considerably improved. Stop the powders.

23d. Discharged quite well.

Remarks.—In the October number of the *Dublin Journal of Medical Science* a case of scald of the glottis is published, by Dr. Corley, almost identical with the above. The mode of treatment in both cases, which it appears was first advocated by Dr. Bevan, in a paper on this subject in the *Dublin Quarterly Journal of Medical Science*, February, 1860, being also nearly the same. Dr. Corley says, as a reason for reporting his case, that he considers that "the treatment which he (Dr. Bevan) recommends, and the value of his paper, do not seem to have been sufficiently understood, or appreciated by writers on surgery." He also is of opinion that the case "speaks trumpet-tongued in favor of the views which my friend, Dr Bevan, deserves the full credit of first submitting to the profession."

Any person who reads Dr. Corley's case and the above, will be at once struck by the similarity between them, both as to symptoms and treatment; and no more conclusive proof of the excellence of Dr. Bevan's paper could be adduced. The case reported appeared hopeless; and the sister, to whose untiring zeal and constant attendance the child, in a great measure, owes its life, declared that she did not believe the patient would have survived two hours after admission. The sister also spoke highly of the soothing effect of the butter, which, being far less nauseating than the oil, was even relished, and greedily devoured by the sufferer.

After two such parallel cases, attended with such success, the administration of calomel and tartar-emetic, and the application of leeches, and a blister, to the sternum, certainly deserves a trial in cases of scald of the glottis; and it is with the view of further recommending this treatment, that the above case has been brought under the notice of the Profession.

The Wet Sheet in Scarlatina.

Mr. John Taylor, M.R.C.S., L.S.A., writes to the *Lancet*:—

Though all agree as to the importance of promoting and sustaining cutaneous elimination in the prevention of cerebral, spinal, and other congestions, and, at a later stage, the disintegration of mucous membranes, dropsy, and glandular enlargements, yet this simple, powerful, and ready-at-hand auxiliary is unappreciated. Forty years' experience has assured me that this plain or medicated vapor-giving envelope affords the best *external* means for eliminating scarlatinal poison and preventing destructive sequelæ. It promptly suppresses pyrexial heat and itching; produces sleep, with a soft secretive skin, more or less continuously; and enables the digestive organs to accomplish that great desideratum in the treatment of scarlatina, viz., absorption of highly nutritious food. It may be repeated, on the recurrence of the febrile paroxysm, two, three, or four times in twenty-four hours, the patient remaining enveloped from half an hour to an hour. Mothers and nurses who have witnessed its efficacy are most earnest in its repetition. My plan of procedure is to immerse a nightgown, slit up at the front, in hot water (half a pint to a pint), pure, or medicated with a drachm or two drachms of tincture of capsicum, or in the infusion of three or four pods; or in mustard water, the clear supernatant fluid from a tablespoonful of mustard to a pint of water; extending the gown over the feet by means of a towel immersed in the same fluid, both to be well wrung out and suddenly applied, and the patient quickly packed in two blankets previously placed on the adjoining sofa or bed; another blanket, or two pillows, or an eiderdown quilt, covering all.

The medicated packing is preferable in the incipiency, and at any other time, to evoke the rash, and in cases of cerebral oppression, with pale skin, low pulse, and delirium. Last month I had a case of this type, in which the mustard packing was applied. It did not elicit the rash, but it cured the delirium, raised an alarmingly depressed pulse, and restored the excretions. This effect was solely dependent on the medicated packing, as the patient, a girl of thirteen, could not swallow medicine or food, and enemata had not then been administered. With the aid of a tonic she made the best recovery of three in the same family, and had no sequelæ.

Intravenous Injection of Chloral.

Notwithstanding the strong disapprobation expressed at the Paris Academy of Medicine and Society of Surgery, of the practice of inducing anæsthesia by the intravenous injection of chloral, as pursued by Prof. Oré, of Bordeaux, says the *Medical Times and Gazette*, it is still continued, both in that city and in Ghent. According to a communication made to the Belgian Academy of Medicine by Professors Deneffe and Van Wetter, of the Ghent University, the injection has now been made in eleven instances, and always with success. The duration of the procedure has varied from six to thirteen minutes, in two of the cases only having exceeded ten minutes. The quantity of chloral injected has varied from one and a half grammes to twelve grammes (water three parts, chloral one part), the state of absolute anæsthesia having lasted from twelve to thirty-two minutes. In one case it lasted three hours, but in that twelve grammes had been injected. In another case, when nine grammes were injected, it lasted an hour. After the completion of the operations the patients slept for hours, or even for a whole day, with only interruptions from time to time, lasting for some minutes. In none of these cases did any ill effect arise, while the patients were free from vomiting, even although they might have recently eaten; and insensibility is produced without the occurrence of the stage of excitement which always precedes this in the ordinary mode of employing anæsthetics. These advantages, conjoined to

the rapidity and certainty of the action of the chloral when injected into the veins in doses which can be exactly determined, lead MM. Oré. Deneffe, and Van Wetter to regard this method as very superior to the induction of anæsthesia by inhalation.

Full particulars are given of Prof. Deneffe and Van Wetter's last case, in the *Presse Médicale Belge*, for October 4. In this the anæsthesia was induced for the removal of cancerous disease of the rectum, the patient being in a very dilapidated condition. Profound anæsthesia continued during two hours (seven grammes and a half of chloral having been employed); and two days elapsed before the patient had entirely passed out of the state of subsequent somnolence. No accident whatever occurred.

The Parasitic Origin of Disease.

The London *Medical Times and Gazette* contains a notice of a recent work on this topic by Dr. Déclat.

His doctrine is very clearly given in the form of introduction, which is to the effect that all diseases are due to the development, *in* or *on* the body of man and animals, of animalcules that are microscopic or visible to the naked eye —that is, parasites—bearing an absolute resemblance to the ferments that disorganize organic matter. This theory as applied to certain diseases, is, according to Dr. Déclat, founded on direct observation; to others, on striking analogies, and on all the other medical doctrines that have remained unexplained save by the parasitic theory. Parasitism, he adds, explains contagion, miasmatic influence, the action of viruses, etc. The ferment germs, floating in the air or placed in contact, in certain conditions, with our organism, are developed in it and alter its functions. Such, according to Dr. Déclat, is the origin of epidemic, endemic, or sporadic diseases. The first are due to the invasion of animalcules wide-spread in the atmosphere, like the myriads of inoffensive flies, which, in the spring of 1872, so infested Paris, or like the clouds of locusts which are sometimes observed in Algeria. Endemic diseases, intermittent fevers, yellow fever, etc., are to be traced to centres of putrid fermentation, from which they derive their living germs, the parasites, which are unanimously acknowledged by scientific men to be the cause of these affections. As for sporadic maladies, Dr. Déclat remarks that these do not prevail equally as regards time, place, and seasons; and the proof that they also are of parasitic origin, is, that many animals and vegetables are generated and developed at certain determined periods and places. This theory being admitted, the period of incubation, which precedes the appearance of disease, may be thus explained: as the germ or morbific ferment introduced into the system requires a certain time to reach the active phasis of its existence, so the duration of the stage of incubation varies according to the species to which the parasite belongs. In the same way is the duration of the incubation of the eggs of different oviparous animals variable. Moreover, the development that follows incubation is more or less rapid; hence we have acute and chronic affections.

Syrup of Bromide of Iron.

Mr. M. H. Stiles, M.P.S., says, as quoted in the *American Journal of Pharmacy*:—I noticed in a recent number of the Journal a formula for syrup of bromide of iron, taken from a French paper on the subject. About six weeks ago I had occasion to prepare some of the syrup for a prescription. This was made to contain three grains of bromide of iron in each fl.℥, which, from inquiries I have since made, is the strength usually recommended in this country.

The syrup made by M. Prince is only about one-seventh this strength, and is scarcely in accordance with English ideas of what such a preparation should be. The following is the process I adopted:

℞. Thin Iron Wire, free from rust, ℥ss.
Bromine grs, cccxx.
Distilled Water, ℥j.

Put the wire and water in an eight-ounce flask, the lower portion of which is placed in a vessel of cold water, add the bromine gradually, corking the flask after each addition, and taking care that one portion is neutralized before another is poured in. When all the bromine has been added, heat the flask gently until the brown color disappears, and filter the solution, whilst hot, through paper; wash the wire with a little distilled water, filter the washings, add them to the filtrate, and make the resulting liquid measure fl.℥ij. Mix this with fl.℥xvj. of syrup. One fluid-drachm contains three grains of $FeBr_2$.

If the flask be not kept cool, and the process controlled in the manner directed, the action becomes so violent that a considerable portion of the bromine is lost.

Bromide of iron is also given in combination with bromide of quinia or bromide of strychnia, or with both, the amount of these in fl.℥j of the syrup being one grain and $\frac{1}{32}$ grain respectively.

Treatment of Typhoid Fever.

The *Practitioner* quotes from the *Journal de Medecine*, that the development of typhoid fever in many parts of France has attracted particular attention to its treatment. The enthusiasm expressed by the physicians of Lyons in regard to the advantages to be obtained by treatment with cold baths has not met with much approval in other quarters. In the clinique of M. Siredey a general method of treatment has been adopted, which seems to have given good results. He gives in the first instance, especially in those cases in which the gastro-intestinal symptoms (coated tongue, nausea, and diarrhœa) are present, twenty grains of ipecacuanha, with half a grain of weak tartar emetic, wine and water for drink, and beef tea. The next day,

julep of gum, four ounces, with thirty grains of liquid extract of cinchona, taken in divided doses, and an injection containing vinegar or carbolic acid. Several times a day the mouth of the patient is very carefully cleaned with a slice of lemon; morning and evening the body is sponged with a lotion containing vinegar, and is immediately rolled up in wool. This proceeding is peculiarly grateful to the patient. A glass of Seidlitz water is often given in the course of the disease, and as convalescence sets in quinine is ordered in all its forms. Of twelve cases thus treated, all recovered. A point open to question is whether cold affusions do not tend to produce intestinal hemorrhage. M. Miramont de Mery (Savoy) suggests, as a means of reducing temperature, air instead of water baths. The patient is placed on a hair mattress, covered only by a sheet, and in the middle of a large room. The bed should be changed several times a day, and in the event of delirium or exacerbation of the febrile symptoms, the patient is to be made to walk about in his shirt till he is cold, when consciousness will return.

Alopecia Successfully Treated by Local Stimulants.

Dr. Rose writes to the *British Medical Journal*:—

A married man, aged 54, with a large family of perfectly healthy children, had always enjoyed good health until about a year previously, when he experienced a sudden and severe nervous shock. Shortly afterwards, he first noticed symptoms of baldness, his hair becoming thinner and falling off, particularly over the head; so much so, that in a few weeks his scalp presented a perfectly shiny appearance, with no vestige of hair left, rendering the use of a wig necessary. The disease continued gradually to spread, until the whole of his body was more or less implicated. When he applied to me, he stated that he had been under treatment for some months, but with no benefit; and, to use his own words, "had been discharged as incurable." On making a careful examination of his body, I found a condition of almost general alopecia to exist, the skin having a uniform white, smooth and shiny appearance. I put him under a strictly nutritious and digestible dietary, and prescribed tonics to improve his general health. Locally to the scalp I painted on some blistering fluid, repeating the application once a fortnight, and ordered the following lotion; carbonate of ammonia one drachm, tincture of capsicum one drachm, rectified spirit one ounce, glycerine one ounce, rose-water to eight ounces, to be applied freely over the body night and morning. For two months I could distinguish no appreciable improvement in his condition; but, after that period, new hair, very silky and quite white, began slowly to grow, and became thicker and stronger until the body and head assumed all the appearance of health, being well covered with hair over the different regions, although the color of that hair, originally dark brown, was now permanently quite white. In this condition he was discharged as cured after seven months' treatment. About three months afterwards I met him, and he stated that he had experienced no return of the disease in any way. I may here observe that, in this man's case, there was no history of acquired or congenital syphilis, or, in fact, any apparent cause for the disease beyond the shock he mentioned.

Multiple Neuromata Cured by Division of a Nerve Trunk.

The following case by Professor Kosinski, of Warsaw, occurs in the *Centralblatt für Chirurgie*, and is translated in the *London Medical Times and Gazette*:—

A. B., aged thirty years, attended the Professor's hospital practice on account of painful knotty tumors in the lower extremity, which he said were small and painless when he first noticed them, but afterwards, whilst he was performing long military marches, they increased in size and became painful,

On the upper and outer surfaces of the thigh, as low as its lower third and over part of the buttock, were scattered small, hard masses, round or oval in shape, and varying in size from a pin's head to a hazel-nut. They were apparently situated in the corium, and felt hard for the most part; but the larger ones were elastic, semi-transparent, and more clearly defined, and appeared more closely connected with the skin, which, round them, was dry, rough, and desquamating. Pressure on the tumors, but especially the larger ones, caused intense pain, radiating in all directions. Scarcely any was felt when the limb was kept completely at rest.

To determine the nature of the tumors, which seemed to be of the connective tissue type, one of the most painful was removed with the patient's consent. Microsopic examination showed that it consisted of gray nerve fibres mixed with fibrous tissue, indicating the probable origin in the cutaneous extremities of a nerve, and from the position of the tumors the nerves affected were obviously the small sciatic and part of the external cutaneous.

The orthodox drugs, mercury, iodine, and preparations of sulphur, were completely powerless. There seemed no possibility of removing them by the knife or cautery, and so Professor Kosinski determined upon excising a piece of the nerve, as near as possible to its origin, with the view of rendering the tumors painless, but without any expectation of diminishing their size. By an oblique incision, almost in the direction of the gluteal fold, the small sciatic nerve was reached, and a portion of it, an inch long, was removed as far as possible under the edge of the gluteus maximus. The oblique incision was preferred to a perpen

dicular one, as it made the discovery of the nerve much more simple.

The immediate effect of the operation was the loss of sensibility in the tumors themselves, as well as in the whole region occupied by them. A few of them, however, on the anterior and outer parts of the thigh and in the sciatic region had their sensibility only partially destroyed. Whilst the wound was granulating they began to dwindle; and so rapidly did this take place that at the end of the few weeks that the patient remained under inspection the larger ones had been reduced by a half and the smaller ones had almost completely disappeared. In this state he left the hospital, and Professor Kosinski was informed by the physician under whose care he afterwards came, that at the end of four months the process of disappearance was still going on, and that those which remained had become completely painless.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. Geo. M. Beard, of New York, is one of our most active medical writers. Within the last few weeks there have appeared three reprints of his; one entitled "Cases of Hysteria, Neurasthenia, Spinal Irritation, and Allied Affections," from the Chicago *Journal of Nervous and Mental Diseases;* one on "The Treatment of Marasmus, Whooping Cough and Debility in Children by Electricity," from the Detroit *Review of Medicine and Pharmacy;* and a third on "The Longevity of Brain Workers." The latter is entertaining, though the only new point it brings forward is a contradiction of the general idea that precocious children are short-lived. Whether Dr. Beard's view here is correct, we shall not at present discuss. But we do not concede that clergymen are to be classed among brain workers; and so far as his arguments are drawn from that class, they fail. Dr. Beard himself agrees, in a concluding note, that clergymen live largely in a world of emotion (which is quite the reverse of intellectual effort); and we are sorry to add that his psychology is so loose that he adds, in explanation of their frequent addiction to sexual vices, "their faith is their ruin; they fall through their very virtues." This is a statement at once shallow and injurious.

——Dr. Ely McClellan, U. S. A., has had republished, from the first volume of the Transactions of the American Public Health Association, an interesting account of the Epidemic of Cholera during the summer of 1873, in the State of Kentucky.

BOOK NOTICES.

Fifth Annual Report of the Secretary of State of the State of Michigan, relating to the Registry and Return of Births, Marriages and Deaths for the year 1871. Lansing, 1874. pp. 376.

It seems somewhat late to produce a report for 1871, but its well-digested character makes up for the delay. There are many difficulties in organizing the work of collecting vital statistics in this country, and with praiseworthy diligence the State of Michigan has set about it in earnest. The superintendence of the statistics has been in the hands of Dr. H. B. Baker, a gentleman in every way qualified to supervise the labor, and do it well.

The tabulation indicates a gratifying increase of accuracy on the part of the local authorities, although there is still an obvious lack of that precision and promptness which characterizes similar returns in the best regulated countries of the old world.

Dr. Baker reiterates an important conclusion which he arrived at in his previous observations on the birth rate, to the effect that what causes increase in this rate, increases the proportion of female offspring. This is a singular fact, and tempts one to various speculations on the general causes of the difference in sex. Many other practical views will be found discussed in the volume, which well merits attentive examination.

A Sketch of the Early History of Practical Anatomy. The Introductory Address to the Course of Lectures on Anatomy at the Philadelphia School of Anatomy. By William W. Keen, M. D., etc. Philadelphia: J. B. Lippincott & Co. pp. 43.

This is a carefully composed summary of the progress of anatomical studies since the revival of learning, and gives a vivid impression of the vastly greater advantages students of the present day enjoy over their predecessors in earlier generations. Somewhat more prominence, it strikes us, should have been given to the French anatomists, especially the Montpellier School, which had public anatomical demonstrations as early as 1376, and long before any other trans-Alpine university.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JAN. 9, 1875.

D. G. BRINTON, M. D., Editor.

The Reporter aims to represent the Profession of the whole country, and not merely sectional or local interests.

Hence, Reports of the Proceedings of Medical Societies, Correspondence, Notes, News, and Medical Observations from all parts of the country are solicited and will be gladly received for publication.

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The experience of *country practitioners* is often particularly valuable, acquired as it generally is by independent study and investigation. The Reporter aims especially to furnish a medium to bring this information before the general medical public, and it is a duty to the profession to publish it.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

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☞ NOTICE. 1875.

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NATURE OF NERVE FORCE.

In one of Jean Paul Richter's novels—if our memory serves us rightly, in that one called *Der Comet*—the hero is said to have had, when a boy, a peculiar light visible around his head when in a darkened room, something like the aureole or nimbus, with which the old painters used to represent divine or saintly personages. Richter, who in such matters faithfully followed the extraordinary in nature, gives, as his wont is, various references to medical works wherein such a phenomenon is mentioned. There is indeed no question of the correctness of such observations. But the explanation of the phenomenon has been insufficient.

Dr. Brown-Sequard, in a recent lecture, quotes an analogous phenomenon. He remarks that there are animals which are phosphorescent, and which are so under an act of their wills, so far as we can judge, and under the influence of the nervous system; so that light also can be evolved as a transformation of nervous force. There are cases of consumption in which light has come from the lungs. The fact has been pointed out by Sir Henry Marsh and other physicians. The light appears not only at the head of the patient, but it may be radiated into the room. It has been considered that the light was only a peculiar effect of the mucus that came from the lungs of the patient.

Dr. Brown-Sequard continues:—"It is not likely that this is the case, because mucus in greater quantity is evolved, and all sorts of mucus, from the chests of the people, every day, without any such phenomenon. I have read the history of each individual case of the kind, so far as I have been able to get it, and in every one of the cases, the patient, I find, was in a terrible state of nervousness."

If this were shown beyond a peradventure, our theories of nerve force would undergo material alterations, as it would at once come into the category of the Forms of Motion, and be seen to be a correlate of light, heat, etc.

To this investigation seems tending, but no one can aver that it has been proven.

Notes and Comments.

Medical Methods and Medical Progress.

In some lectures lately delivered by Professor Peters, of Montpelier, there are some observations worthy of diligent attention. He remarks:—

"To change our medical methods every quarter of a century is not really progressing; the organism of patients does not change once in twenty-five years. Such improvements lead to confusion, and the victim of these changes is not the physician, but the patient. . . . In most complaints the actual material lesion does not lead to proper treatment; it is rather the reverse, and simply because we have but seldom direct means of acting upon this lesion; it is only through the general treatment that we succeed in reaching it. General treatment acts upon the lesion, whether the latter be of a syphilitic or a gouty nature. In pneumonia, for instance, pathologists ascertain that so many square inches of lung are attacked, and here they stop; although everything is in a morbid condition in a patient suffering from pneumonia. No doubt the lung is functionally disturbed; but the whole organism is, on the other hand, functionally out of order. The lesion is not the whole disease; thus one patient will die with a slight lesion, and another recover with more extensive lung mischief. The disease lies much more in the general condition, in the symptoms taken as a whole, in the accompanying fever, than in the functional disturbance excited by the lesion. Thus we should direct our attention more to the pneumonic patient than to the pneumonia."

Cubebs in Diphtheria.

Dr. Reignier, of Surgères, reported in *La France Médicale* (quoted in the *Irish Hospital Gazette*), a case of nasal diphtheria in a boy, aged 10 years, which he, two years previously, had successfully treated by the administration of a gramme of cubebs morning and evening; at the same time supporting the patient's strength, which was at the lowest ebb. There was an enormous quantity of albumen in the urine; and it was with the object of checking this drain from the system, that Dr. Reignier, calling to mind the action of cubebs on the kidneys, prescribed that drug, with a success which he was far from hoping for. He has since treated seven other cases of nasal diphtheria in a similar manner, and with a like success; and, therefore, thinks that he may now, without rashness, recommend its adoption. It would be prudent, he adds, to give the cubebs in these severe cases before the albumen made its appearance in the urine.

Valvular Insufficiency in the Femoral Veins.

We see in an English exchange that Professor Friedreich has lately pointed out that the above condition is a serious one, inasmuch as it favors the development of varix and œdema of the legs, and may give rise to profuse venous hemorrhage in operations on the upper part of the thigh. The valvular insufficiency, which is not uncommon, may be detected by rotating the thigh outward, and laying the finger lightly on the upper part of the vein, immediately below Poupart's ligament. If the upper valves are insufficient, there may then be felt a strong whiz when the patient gives a short cough or otherwise rapidly contracts the abdominal muscles. Under the same circumstances the ear, instead of the finger, may detect a deep bruit.

The Olive Crop.

Olive oil is produced in large quantities in Tunis. The olive crop has been so abundant during the past year that as many as 3472 tons, of the value of $629,465 have been shipped to Great Britain, France and Italy. The tanks in Tunis containing the oil are said to be capable of holding 6000 tons. It is now contemplated to try the effect of a steam mill for the purpose of manufacturing the oil.

Behavior of Medical Students.

In very satisfactory contrast with the turbulent scenes in the medical schools of St. Petersburg, Paris and Vienna, which have been reported this winter, is the decorum which has prevailed in the many hundred students assembled in this city.

A writer in the *Public Ledger* justly says:—

When the students leave the college and disperse to their several stopping places, their behavior is always quiet and orderly; and no greater proof of their good conduct can be given than the ease with which they obtain

board. We fancy that it would prove a difficult undertaking to bring together any equally large number of men, promiscuously selected, who would behave any better under similar circumstances. For our own part, we must say (and we have seen a great deal of young men, and especially of students) that, to meet with a more orderly and good humored lot of men than those this winter studying under our great physicians has rarely been our good fortune.

Leeches for the French Army.

The number of leeches required for the French army hospitals exceeds 100,000 per annum. The supply for the next three years is about being contracted for, at an average price of 125 to 135 francs the thousand.

A special commission is charged with the care of receiving the leeches from the contractors and verifying the number and quality. They must be of the kind denominated *vertes* (green), or *grises* (grey), from either France or Hungary, or of the description called *dragon*, from Algeria.

After being counted, they are placed on a horse-hair sieve to drain; the largest ones are taken one by one and made to disgorge, as they are not accepted when they contain more than fifteen per cent. of their weight in blood.

After this operation, the leeches are weighed; a thousand should reach 1750 grammes, while their individual weight should be, for the smallest, one and a-half grammes, and for the largest, not over two grammes.

Taking as a basis of cost 130 francs the thousand, the total of the three years' contract should reach nearly 40,000 francs.

On the Right Management of the Puerperal State.

Says a writer in a cotemporary:—It is the conviction of the writer that the conditions favorable to a rapid recovery from childbirth are the very opposite of those ordinarily enjoined. First of all, "let there be light." There is no reason in the world why, as a rule, the patient should be kept in a darkened room. Let there be, if possible, an abundance of cool and refreshing air circulating through the chamber. Let the patient be plentifully supplied with good solid food—no slops. Let her be removed from the bed to the sofa on or before the third day. If she be accustomed to the use of a cold bath, let her take one on or before the fifth day, and at the end of a week she will in all probability be thoroughly restored.

Vanilla from Pine Tree Bark.

Among the late wonders of chemistry is the obtaining of vanilla flavor from pine tree bark. The *Chemist and Druggist* says:—

"Chemical investigation will ever result in new discoveries, and the most interesting of late is probably the conversion of coniferin into the active principle of vanilla, by Messrs. Tiemann & Haarmann, of Berlin. In their communication the authors commence by describing the preparation of coniferin ($C_{16}H_{22}O_8$), the raw material used being the juice from recently felled and barked pine-trees in spring time. This is split up by digestion at a gentle heat, with a small quantity of emulsion. The vanillin thus obtained ($C_8H_8O_3$) is at first inodorous, but in the course of time acquires a faint odor of vanilla.

Supplemental Nerve Force.

A surgeon of Lyon, M. E. Letevant, has demonstrated, in a work published in Paris, the following interesting propositions:—When a certain group of muscles, supplied by a particular nerve, are paralyzed as the result of a section of that nerve, the motions properly belonging to this group of muscles are not in all cases wholly abrogated, adjacent muscles, supplied by unaffected nerves, being capable of accomplishing some part of the actions, even though feebly. Similarly, when a sensitive nerve is divided, there is not total loss of sensibility experienced throughout the entire region of its anatomical distribution, the sensation being preserved, more or less feebly, either by means of the anastomoses of adjacent nerves, or by the conveyance of impressions indirectly to healthy neighboring cutaneous papillæ.

The Taxis in Hernia.

Professor Max Scheide recommends the following plan as always successful. When the patient is deeply under the influence of chloroform, and a definite diagnosis as to the nature of the hernia has been arrived at, he proceeds in the following way:—With the thumbs placed together he exerts powerful pressure on that side of the rupture which appears nearest to the aperture through which it has emerged, moving it first to one side and then to the other, and

pressing on the top of the tumor only when it is a very small one. In his successful cases he seldom takes more than five minutes, and never more than a quarter of an hour; "but during this time," he says, "I have always employed a much more considerable force than I have ever seen used by others, or than most would consider justifiable."

Silica in Cancer.

In the November number of the Edinburgh *Medical Journal* Mr. Fawcett Battye narrates his experience with an entirely new remedy in cancer. This is silica, powdered very fine, and administered internally twice or thrice a day, in one grain doses, combined with a third of a grain of morphia. He found it to diminish the pain in a very marked degree, and by the tenth day to disperse it altogether. He does not precisely claim, however, that the patients recovered. They were relieved and benefited, and when they took it continuously, the disease was retarded. No satisfactory explanation of its action is advanced.

A Sexualism.

A writer in the *Woman's Journal*, published in London, says: "There is growing up in England a large class of women who do not marry, who apparently do not wish to marry. They deliberately devote themselves to literature, to teaching, to some trade, generally an artistic one, at any rate to some occupation that gives a livelihood and tends to culture, and this they choose for life. The marrying instinct seems dead, or rather never to have been born in them."

This is probably a true statement, but it is not one on which we can congratulate ourselves. The physiologist cannot but look on such a conquest over nature's rules as portentous of ill results.

Permanence of Vital Power.

In clearing away the refuse from the ancient silver mines of Larium, in Greece, a large number of seeds of a papaveracea of the *Glaucium* genus were found, which must have been buried there for at least fifteen hundred years. Exposed to the beneficent influence of the sun's rays, they rapidly took root, flourished, budded and blossomed, their yellow corollas being beautiful in the extreme. This interesting flower, unknown to modern science, is particularly and frequently described in the writings of Pliny and Dioscorides, and is thus again resuscitated, after having disappeared from the surface of the globe for more than fifteen centuries.

Correspondence.

Hypochondria from Nervous Strain.

Ed. Med. and Surg. Reporter:—

I have charge of a young professional gentleman whom I have been treating for general hyperæsthesia, caused, I think, by extravagant sexual indulgence. He was married about three years ago, and about three or five months subsequent to that event he was suddenly seized with vertigo, and a tingling sensation in the lower and upper extremities, and an indescribable misery running from his head to his spine. At this time his greatest dread was paralysis. He acknowledged that he had indulged excessively in sexual pleasures—daily, or two or three times daily.

I prescribed the following:—

℞.—Chloral hydrate, ℥ij;
Simp. syr., ℥j;
Aquæ, ℥ij. M.

Sig. Tablespoonful every hour until quiet.

Saw him again the next day. The chloral had quieted him sufficiently to afford a few hours' sleep during the previous night, but he was now very restless and agitated again, and I prescribed:—

℞.—Bromide potass., ℥j;
Tr. valerian, ℥ij;
Aquæ, ℥iv. M.

Sig. Dessertspoonful every two hours.

Called again in the afternoon; medicine had had no effect; ordered the dose doubled. Called the next morning; medicine had still had no effect. I tried to explain to him that his case was entirely free from danger, and that by leaving off his injudicious habits he would eventually wholly recover. This seemed to cheer him, and he remained buoyant for several hours, and then gradually drifted back into a monomania. He would now fear a dangerous hyperæmia of the brain, and would want his temples cupped, and cold applied to his head. To-morrow he would dread insanity, and the next day epilepsy.

As soon as he was able to leave his bed, he started to his old home in the east, Kentucky. In three months he returned to this place, somewhat improved, but still very nervous. He said that he had never passed a happy hour except when under the influence of a narcotic, an alcoholic stimulant, or his mind pleasantly occupied, since he left Bolivar, three months before. From that time to the present the remedies prescribed have been such as are calculated to improve his general health—iron, nux vom., pepsin, etc. He looks well, and says that he weighs about as much as he ever did, but he still finds it impossible to

read anything on the subject of insanity, epilepsy, or disease of the heart. He acknowledges that his disease is of a hysterical and hypochondriacal nature, but that it is unavoidable, irresistible, and that it makes him at times, even now, indescribably unhappy. He is a young man of intelligence, and if anything can be done for him I should be glad to know what it is. Will you or some of your readers give us an article on the manner of applying massage in these cases? There are hundreds of cases very much like this, but none that I have seen in which I take so much interest. He is now using wine, native wine, which he says quiets him, agrees with his stomach, and does not unduly excite his nervous system. Will this do him any harm in doses sufficient to keep him exhilarated?

Very respectfully,

Bolivar, Mo. WM. TANNER, M. D.

Aneurism of the Descending Aorta.

ED. MED. AND SURG. REPORTER:—

I was called, on the evening of the 21st of November, 1874, to attend Mr. David C. Leper, who was suffering from a supposed attack of hæmoptysis. I prescribed gallic acid, ten grains to be taken every three hours. I saw Mr. Leper on the morning of the 22d inst. I was summoned to his bedside in great haste. On entering the room I found him vomiting freely large quantities of black, clotted blood, turned black, I suppose, by the gallic acid. The vomiting continued about ten minutes, when he expired. It appears that nearly all the blood in the system was discharged, causing his death.

Mr. Leper was a medium-sized man, forty-eight years of age, of rather a sallow complexion, denoting organic disease. He had enjoyed apparent good health till three years previous to his death, when he complained of difficulty in breathing and indigestion. I made an examination at that time and ascertained that a dilatation of the heart, with regurgitation, caused the difficulty, and treated him accordingly. An autopsy was held by Dr. Zielley and myself, twenty-four hours after death. On examination we found an aneurism of the thoracic aorta opening into the œsophagus. The opening was in the anterior wall of the aorta, large enough to admit the middle finger, and must have been of long standing. The tissues between the artery and the œsophagus formed a sac, which contained a large coagulum of blood. The continued pressure against the posterior wall of the œsophagus caused the rupture, allowing the blood to flow into and through the œsophagus into the stomach, which caused the free vomiting of blood. The coagulum of blood found in the sac was a strong fibrinous clot, partially adhered to the walls of the sac; the detached part of the clot allowed the blood to pass between it and the œsophagus. There was dilatation of the left side of the heart, with softening of the aortic valves. The right side was normal. I have no comments to make on the case. Similar cases have been heretofore reported, but they are of so rare occurrence I thought it would be well to report this one to confirm the symptoms generally present in that organic affection.

Chilton, Wis. DAVID LA COUNT, M. D.

Chapman's Spinal Hot Water Bag in the Treatment of Uterine Hemorrhage.

ED. MED. AND SURG. REPORTER:—

December, 1st Mr. L. called at my office, and stated that his wife was suffering from a continuous, painless, increasingly copious discharge of blood from the vagina, not relieved or lessened by the recumbent position; worse during the previous night than at any time before. The discharge had lasted since October 14th, ult., at which date, assisted by Dr. E. H. Parker, of Poughkeepsie, I had attended her in a miscarriage; I may state that at that time an arm came down into the vagina; podalic version was required, and an adherent placenta was removed, piecemeal, but completely. I visited the patient during the succeeding ten days, and was always assured that all was as it should be, by the nurse. The husband also stated that at no time had the hemorrhagic discharge been offensive. I furnished him with a hot water bag, directing him to apply it over the lumbar and sacral regions. On the 3d of December I discovered the bag lying upon my table, but no message or explanation. Upon inquiring of Mr. L. at his home, he informed me that he had followed my instructions, applying the bag at 3 P. M., refilled and applied at 9 P. M., upon retiring, and the discharge ceased during the night. It has not since reappeared. J. C. C. DOWNING, M. D.

Peculiar Periodicity in Hemorrhage, Simulating Vicarious Hemorrhage.

ED. MED. AND SURG. REPORTER:—

L. M., Frenchman, æt. 38 years, married, medium height, fair complexion, sufficiently muscular, of a lively disposition, decorator on porcelain, to all appearances in the enjoyment of perfect health, consulted me on the 16th September last. I will translate *verbatim* his words, from his inability to express himself in the English language.

"I have been for nearly eleven years suffering from hemorrhage, regularly *every thirty* or *thirty-one* days, at times in considerable quantity, from either the rectum, lungs, or nostrils, and should the said hemorrhage not appear at these parts, blood will spout from beneath my tongue, or from any pimples that I may have on my face. I am perfectly free from this affection, even though I have an abrasion of the skin or cut, at any other period. I am well, eat well, and sleep well. Yet my fear that this state of matters will at some future date undermine my constitution, induces me to wait upon you for medical advice. I may add, *en passant*, that I have been treated in Paris for this complaint, without benefit, and the medical men amused themselves by calling me by the *sobri-*

quet or nickname of 'l'homme femme,' or man woman."

Finding this case as curious as it was interesting, I had the patient examined by Drs. McCann, J. B. Murdock, and Rhodes.

Pulse 80; the anæmic whif was distinctly audible in the heart's action; the abdominal parietes normal; no turgency in the veins could be discerned. Nothing, in fact, seemed to indicate a cause. Collectively we were of opinion that the patient labored from a sluggish portal circulation. In consequence, the following was prescribed :—

℞. Tr. calamelanos, grs xx.
Pulv. opii., grs.ij. M.

Divide into two powders, one to be taken immediately and the other on the third day.

℞. Ol. terebinthinæ, ♏.xxx.
Tinct. opii. ♏.xv. M.

To be taken three times a day.

The hemorrhage has completely disappeared. Orders were given to keep the bowels free, in case of head symptoms supervening. The patient is well, having passed three months without any appearance of the discharge.

James Macfarlane, M.D., Edin., L.R.C.S.E.

Pittsburg, 31 *Ninth st.*, *Dec.* 17*th*, 1874.

Poisoning by Wall Paper and Opium.

Ed. Med. and Surg. Reporter :—

In your editorial (in No. 21) on Poisoning by Wall Papers, you cite a case as reported in the *Lancet*, October 17th, by Dr. Allbutt. I saw a similar case in the year 1844, thirty years ago, when a student of medicine in Heidelberg, Germany. A young fellow student, and an intimate friend of mine, was taken with what was diagnosed as a case of status gastricus, or pituitosus, or premonitory symptoms of typhus, a disease which was then prevailing with the students at that University. The symptoms were disturbance of digestive organs, peculiar taste in the mouth, burning in the stomach, incessant nausea, great thirst, and great debility. The green-colored wall paper in the sleeping room of the patient attracted my attention, and I examined some of it in Professor Possett's laboratory, under his supervision, and we found that the wall paper contained arsenic. The attending physician, one of the medical faculty of the University, had the patient immediately removed, and he recovered in a very short time. It was at that time well known that arsenic was frequently used by the manufacturers to produce the green color in wall paper, and, therefore, paper of that color was seldom used in sleeping rooms.

I will add another case of opium poisoning successfully treated by belladonna, to the cases reported by Dr. T. C. Smith. The patient, an infant, two and a half months old, and of feeble health, took about 12 drops tr. opii, at 3 o'clock P. M., November 6th, 1873. At 7 P. M. found complete coma, cold, clammy skin, imperceptible pulse, feeble respiration, swallowing impossible, and apparent collapse. Before I arrived, coffee, warm bathing, with cold douches, sinapisms and applications of ice to the head, had been used. I made, immediately, a hypodermic injection of one drop fluid extract belladonna, with ten minims of water, and repeated the dose twice within one hour; continued external treatment, and constant moving and shaking of the child. At 11 o'clock P. M., pulse more perceptible, skin warmer, child swallowing again. At 10 o'clock next morning took the breast again. Recovered.

Lebanon, Ill. A. Berger, M. D.

News and Miscellany.

Meeting of the Alumni of the Albany Medical College.

The second annual meeting of the "Association of the Alumni of the Albany Medical College" was held in the city of Albany, on Tuesday, December 22d. The following officers were elected for the ensuing year :—

President.—Dr. Jno. Beech, ('41), Michigan.

Vice-President.—Drs. Mon. D. Hall ('41), New York; B. A. Mynderse ('53), New York; Alex. Shilard ('53), New York; Sol. Van Etten ('53), New York; Chas. L. Spencer ('53), Massachusetts.

Secretary.—Dr. Willis G. Tucker ('70), New York.

Treasurer.—Dr. G. L. Ullman ('71), New York.

Executive Committee.—Drs. H. D. Didama ('46), Wm. S. Young ('41), Jos. H. Sloon ('49), Jos. S. Bailey ('53), M. H. Burton ('53), Jno. H. Hill ('53), Chas. H. Burbeck ('59), N. P. Ten Eyck ('66), J. H. Blatver ('72), Oscar Myers ('73).

The address of the retiring President, Prof. Didama, of the Syracuse University, was listened to with much interest. In the evening the Association partook of its annual supper, at the Delavan House, about one hundred and fifty guests being present.

Weight and Height of Americans.

According to a recent work of Mr. B. A. Gould, Actuary to the United States Sanitary Commission, in which some very interesting figures relative to soldiers in the last war are given, it appears that the American nation, instead of being degenerate and inferior to the European race in point of physical perfection, is far the reverse. The figures adduced show that "the tallest men were from Michigan, Illinois and Wisconsin; the next tallest, New England, New York, New Jersey; and the shortest from Scotland, England, Germany." In weight, the men of Kentucky and Tennessee were the heaviest, averaging 150 pounds; England, Scotland, France, Belgium, all between 138 and 139 pounds. The ratio of weight to stature gave in pounds to the inch: Ohio and other western

States, 2.185; New England, 2.121; England and Scotland, 2.118; Germany, 2,168.

Items.

—Cornelius Adams, M. D., of Augusta, Ga., was drowned in the canal at Graniteville, S.C., Jan. 2d.

—Dr. Thomas M. Clayton died suddenly in Washington last week, making the sixth prominent citizen of the capital who has died suddenly within a month.

—The Warden of the Oregon Penitentiary has discharged the prison doctor and detailed one of the convicts, who is an educated physician, to perform the duties. The warden claims that thereby he saves $1500 a year to the State, and, besides, is sure that the physician will "always be within reach when needed."

—A despatch from Ottawa says that smallpox, of the most malignant type, is raging among the Indians at Pichonack, on the Gatineau river, in Ontario. The male Indians have either died or fled the place, and utter destitution prevails. On the 27th ult., the bodies of nine children who had died of the pest remained unburied.

—An interesting trial at Middletown, Conn., has been that of Zamon Cady, for an assault on Dr. William Notling. The latter had attended a child of the former in sickness, and he thought that the doctor was to blame for the child's death. Accordingly he pitched into him on the street one day, and tried to kill him, the indictment says; but the jury can't agree.

—A physician at North Guilford, Conn., recently attempted to collect a bill of $50 for professional services, when it was offset by a formidable bill for dinners, horse baitings, presents of milk, fruit and vegetables, all of which had been tendered ostensibly out of good will. Strange to say, the patient's offset was held valid in a New Haven Court, and the doctor had to pay $7 to get square.

—When the great Duke of Marlborough was hesitating whether he should take a prescription recommended by his celebrated Duchess, "I will be hanged," said her Grace, "if it does not cure you!" Sir Samuel Garth, who was present, and to whom the vixen character of the lady was well known, instantly exclaimed, "Take it, then, your Grace, by all means; it is sure to do good one way or the other."

QUERIES AND REPLIES.

The Half-Yearly Compendium.

Dr. D. N. W., of New York.—The *Compendium* is a digest of all branches of Medical science throughout the world. As far as possible, the language of the original writer is retained, except where it is abbreviated for the sake of space.

Fusil Oil.

Dr. T. J. K of New Jersey.—Your query must have been overlooked, for which accept our excuses. Fusil oil in brandy can be detected by its strong acid taste and nauseous odor. Strong sulphuric acid gives a purple reaction; and the mixture heated with a fragment of potassium bicarbonate emits the odor of valerianic acid.

Dr. C. C. T., of Ala.—The "poem" is received, but is rather lively for our columns!

OBITUARY.

DR. H. P. STEWART,

of Piedmont, West Virginia, died at that place, November 2d, 1874.

When a youth he was sent to school at Williamsport, Pa., after which he began the study of medicine, and graduated at the Jefferson Medical College, of Philadelphia. He then obtained a commission in the United States army, and held it until the close of the war. In leaving the army he was not long in building up an extensive practice. As a practitioner he was very successful.

The doctor had, for the past seven years, been living in the distant West, four of which he spent in Oplin City, Utah. While there, he contracted pulmonary consumption, which compelled him to abandon a lucrative practice, and hasten home, where he died.

MARRIAGES.

BROWN—BAILEY.—On Thursday, December 24th, at St. John's Episcopal Church, Knoxville, Tennessee, by Rev. J. Howard Smith, D. D., the Rector, Mr. O. A. Brown and C. Helen, daughter of Dr. F. K. Bailey.

KETCHUM—RUCKER.—At Navasota, Texas, on 22d December, 1874, by Rev. Virginius O. Gee, of the Episcopal Church, Dr. Alfred H. Ketchum, of Washington county, Texas, late of Mobile Ala., and Miss Mary Rucker, daughter of B. F. Rucker, druggist and pharmaceutist.

MINNICH—TROXELL.—On Tuesday, December 22d, at the residence of the bride's parents, by the Rev. N. S. Strassburger, Frank J. A. Minnich, M. D., and Savana M. E., only daughter of Daniel Troxell, Esq., both of Allentown, Pa.

SMITH—KNOWLES.—At the residence of the bride, on Fifth day, 10th ult., by Friends' ceremony, Dr. Joseph E Smith, of Yardleyville, and Eliza C. Knowles, both of Bucks county.

TOMLINSON—ARMINGTON.—November 19th, by the Rev. J. W. Langley, Dr. D. D. Tomlinson, of California, to Carrie B. Armington, of Philadelphia.

DEATHS.

CHANDLER.—In Montpelier, December 13th, Mrs. F. A. C. Chandler, widow of the late Dr. C. B. Chandler, aged 62 years. The funeral was attended from the residence of Hon. Joseph Poland on Wednesday.

HYDE.—In Isle LaMotte, December 9th, Melvin J. Hyde, M. D., aged 45 years.

PARMLY.—At his residence, No. 19 West 38th St., New York, Sunday, December 13th, suddenly, of pneumonia, Dr. Eleazar Parmly, aged 77 years and 9 months.

RICHARDSON.—In Louisville, November 29th, Guy, only son of Dr. John B. and Mollie E. Richardson, aged 21 months and 3 days.

SCHIEFERDECKER.—In this city, on the 7th ult., in the 64th year of his age, Dr. C. C. Schieferdecker, of this city.

WARDER.—In this city, on Saturday evening, the 12th ult., of scarlet fever, Willie Peyton, son of Dr. Wm. H. and Josephine B. Warder.

WRIGHT.—Suddenly, in Brooklyn, New York, December 10, 1874, Albert Wright, M. D., aged 70 years and 8 months.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

ON INSULATION OF BEDS.

BY. DR. P. M. WAGENHALS.,
Of Columbus, Ohio.

[Read before the Central Ohio Medical Society.]

In the treatment of disease, the profession has closely established the relation of *heat* with the fluxus of the bowels. When Ozone is in abundance in the atmosphere, we have learned to expect influenza and affections of the mucous membranes of the respiratory tract. We trace typhoid fever to the infection of potable water by sewerage; and we have seen scarlet fever follow the milkman's cart, and with the pabulum of life sow the seeds of death. Rheumatism, asthma and malarial fevers have an acknowledged dependence upon the atmosphere as to temperature, barometric pressure, and the presence of that tertium quid vaguely called miasm. Electric tension has also its influence, which all, sick and well, recognize in their own persons. So, also, that material manifestation of force we know as *magnetism* has, in all probability, a powerful influence in the causation of disease. Concerning this, we have few observations recorded. The field of research has rapidly enlarged as to its production of currents, etc., but it has never been studied as the *cause* of disease.

Whilst innumerable observations are on record as to its powers as a therapeutic agent, I have no theory to offer as to the modus operandi of the treatment to be detailed in the subsequent part of this article, but offer it as the truthful record of what is at present a limited experience, in hope that observations on this subject may be multiplied, and the facts lying in this direction may be studied.

On December 25th, 1871, I was attacked with rheumatism of the ankle and knee joints in one limb, then the other. I treated myself actively by alkalies, opiates, etc., in the ordinary manner recognized by the profession as of most value in this disease. I was unable to leave my bed for three months, could not walk until April, 1872, and did not fully recover until the warm weather of June. On the 16th day of December, 1872, I was again assailed by my tormentor, treated myself as before, "and I thought myself happy," that I was able to be out of my room in eight weeks, privileged to hobble around the streets of the city with the aid of a cane. Warm weather restored me to health, and during the summer and winter I attended to my professional duties. On February 16, 1874, while congratulating myself that I should escape my annual attack, I was suddenly seized, in the night-time, with severe pains in both ankles. In the morning I failed, after an ardent effort, to leave my bed. Fever was intense, as also the swelling of ankle and knee joints. A sense of coldness of the lower extremities existed, which was even more distressing than the pain caused by the swelling of the joints. This condition continued until the morning of the 18th. From the 16th to the 18th I was unable to sleep. On the morning of the 18th I *insulated* my bed, by causing the legs of the bedstead to be placed in four glass tumblers. In four hours thereafter the harrowing sense of coldness disappeared, yet the pain still continued.

A sense of warmth and perspiration set in, and that night, at ten o'clock, I fell into a profound sleep, wakening in the morning of the 19th, bathed in a profuse warm perspiration, without the aid of diaphoretics or anodynes.

I steadily improved, and in a few days was out of my room. On Monday, February 23d, I left home for Cincinnati, where I remained a week, during all of which time I felt neither pain nor soreness in the articulations. I returned to my home in six days, and found next morning the disease returned. I at once insulated my bed, and in six days was able to go to my office and engage in my professional duties. Since then I have had no pain or rheumatism until yesterday. Will insulate bed to-night.

George Curtiss, age sixteen, during the autumn of 1873, had an attack of rheumatism, affecting nearly every joint in his body, and also the mitral valves of the heart. In the latter part of January, 1874, he was able to resume his labors. March 8th, he had a relapse. I treated him in the usual way without sensible improvement. I then concluded to try insulation, which I was slow to do in any case save my own, because it seemed whimsical. In six days after instituting insulation, he left his bed and was able to make a journey of eighteen miles, which he did without discomfort.

Mrs. H. For eighteen years a sufferer from asthma, which occurred every month, without obvious connection with the menstrual function. During the cold months of the year she suffers almost continually. She had a severe attack in March, 1874, and in casting around for some *new* remedy, I concluded to insulate her bed. She was relieved in a short time, and since then, for eight months, has slept uninterruptedly upon the insulated bed. For six months after her attack in March she had no asthma. About the 1st of September had a violent attack, which was relieved in twenty-four hours. On the 20th of same month had another attack, which lasted for three days, since which time I have heard nothing from her.

Henry Sulter, age 82, had an attack of acute rheumatism two years ago, since which time he has been confined to his bed continuously. The articulations became involved to such an extent that walking was impossible. The mitral valves became insufficient, and then arose compensatory hypertrophy of the heart, but never sufficient to counteract the lesion of the valves. He has suffered intensely for two years, and partial relief from pain was only gained by the use of large doses of opium.

On the 10th of March, 1874, his bed was insulated. In twenty-four hours he was almost entirely relieved from pain, and from that time up to his death, took no anodynes.

Remarks.—This patient died about the 1st of September last. His disease was acute pericarditis, resulting in copious effusion. Insulation in his case was adopted on the 10th of March, 1874. From the time his bed was insulated, up to the time of his death, he used no opium, or any of its preparations, but remained bedfast without suffering any pain, notwithstanding he had been compelled to take, for many months prior to insulation, not less than eight ounces of tinct. opium every week. He died upon an insulated bed, after an illness of five days.

Miss Rippey, age 18, had a violent attack of rheumatism in the spring of 1873, and was confined to her bed for two months. The ordinary alkaline treatment was adopted, nevertheless, she recovered with insufficiency of the mitral valves. Since that time she has suffered from acute pains over the region of the heart, and in the back, with dyspnœa when she makes any great exertion. On the 13th of March, 1874, she was threatened with a recurrence of rheumatism. Ordered digitalis, colchicum and acetate of potash, and placed her on the insulated bed. Commenced improving in twenty-four hours. Pain subsided in a few hours after insulation. Discontinued all medicines in two days after insulation, and in three days thereafter she left her bed, and has to this time been free from pains, and continues to sleep upon an insulated bed.

Florence Shæffer, age 18, was attacked with rheumatism on the 3d of April, 1874; ankles and knees involved. There was much pain and swelling. Ordered acetate of potash with colchicum and insulated bed. No anodynes were given. In twenty-four hours patient was free from pain, and in six days was out of bed, perfectly recovered. During her illness, a younger sister, twelve years of age, occupied the same bed for two nights, after insulation. She could not sleep; complained of intense heat, and on the second night sweated so profusely that she was compelled to seek other quarters. This patient, up to this time, has had no recurrence of rheumatism.

Perly Stewart, age 18, male, was seen first

April 5th, 1874. Had been in bed a week with acute rheumatism, and was gradually growing worse. Ordered same treatment as in previous cases. Gave no anodynes. In twenty-four hours was perspiring freely; pain was relieved; in four days swelling of joints had subsided, and in six days he was walking upon the streets complaining only of weakness of the joints and limbs. This patient has been entirely well since he left his bed in April last. His mother, as well as himself, say, that whilst lying upon his lounge during his illness, occasionally a portion of the bed clothes would be thrown upon the floor, and in a few moments thereafter his pains would return. Upon investigation as to the cause his mother would find a portion of the quilt upon the floor, would tuck it under the patient, and in a very short time thereafter he would be free from pain. This, among all the cases treated, has shown itself the most sensitive. The mother and son being truthful, and members of one of the most respectable families in Lancaster, their statements can be relied upon.

Thomas Bishop, age 26, has had chronic rheumatism for three years. Has scarcely been able to walk with the aid of a cane. All the articulations in the body have been involved. There is enlargement of the ankles, knees and elbows. Pain has been distressing and constant. Has been treated in many ways, unsuccessfully. Denominates himself a "walking apothecary's shop." Bed was insulated April 2d, 1874. Now, October 1st, has thrown his cane aside, and assures me that, since insulation was adopted, he is free from pain, has slept well, and has used no anodynes or any other medicines. He is in most excellent spirits, and says that he has had no pain since twenty-four hours after adopting this mode of treatment.

Colonel Steele, who spent several years in South America, informs me that, along the banks of the Amazon, when he first arrived there, he frequently saw the legs of the beds of families placed in glass vessels containing water. He supposed they were to protect them from insects and vermin, which abound there, but, on inquiry, found they were used for the relief of rheumatism and kindred disorders, and to prevent attacks of malarial fevers.

General Hugh B. Ewing, of Washington City, informs me that he had insulated his bed during an attack of rheumatic gout, that its immediate effects were "a very rapid recovery of strength," but after the lapse of a week or ten days, it brought on a drowsiness, when he discontinued its use.

In two of the foregoing cases the rheumatism was chronic, there was distortion of joints and inability to walk. In all of them, various means for restoration to health had been adopted unsuccessfully—potass. iodide, sulphur, frictions, and, in some the galvanic currents, without mitigation—so that these patients had come to rely chiefly upon opium as the only means of procuring rest and comfort.

The remaining cases were acute rheumatism. In two of them the heart became involved in the course of treatment, which was strongly alkaline, and which is contrary to Fuller's statement, that under alkaline treatment the heart is safe from complications. In all these cases the relief was prompt and permanent, and without the use of anodynes. The sensation of warmth and comfort which I felt myself, has been felt and mentioned by my patients invariably, and in addition the testimony of persons sleeping with the sick, who were in ordinary health, to the sensation of heat, and the occurrence of profuse perspiration on the second night, tends to show an influence from the insulation of the bed which was unexpected, and yet gives force to the statements of the patients.

One of the patients makes mention of the sensation of drowsiness which came over him by the prolonged use of the insulated bed. This I have noticed in several cases, and distinctly observed it in my own. Now the question is, do the effects of this form of treatment, which, in comparison with our former modes, is simply marvelous, depend upon expectant attention? Is it another specimen of the wonderful power the mind has over the body, or does it depend upon changing the electric state of the body? It certainly deserves attention, as, in either case, the patient is benefited, and this is the end of all therapeutics. The statement of the gentleman as to the custom of the South Americans is interesting, as showing a belief in the virtues of insulation among the common people, and, in the end, we may find, as was found by Jenner, through them, in respect to cow-pox, that the observation of the people directs the mind of the physician to new modes of prevention and cure of disease. All our treatment is empirical, and, on the results of a truthfully recorded experience the success of

our measures depend; but why go any further now?

It is unnecessary for me at this time to elaborate. I have in my possession several communications from gentlemen of worth and eminence in the profession, who fully corroborate my experience in the particulars set forth, and I am confident that if this subject, which I deem important to the profession as well as to the community, is properly tried and thoroughly investigated, much information will be gained and large beneficial results will be accomplished. Notwithstanding the cautious manner in which our profession has advanced as a science within the last twenty years, there are in our ranks good men, who are captious and unwilling to assert or employ, in the treatment of disease, any remedies or agents that were not used by their forefathers, who have long since fallen, some of them martyrs to their opinions, others to age, and many, without ever having conceived the first principles of a profession whose complexity they had not the willingness to unravel.

We live to learn; as we learn we advance in knowledge, our information and attainments expand, and thus our usefulness is made felt in communities in which we reside, and our vigor and energy is undaunted, by reason of the good results we obtain.

I shall ask a careful investigation of the facts presented in this essay, and, after deliberate study of the cases presented, shall, at our next meeting, ask a reply to this simple question, What is it?

In the language of Confucius, I would add, "What we know, to know that we know it; what we do not know, to know that we do not know it, that is knowledge."

THE ANATOMY OF THE PENIS.

EXTERNAL INTEGUMENT OF THE PENIS AND THE PREPUCE.

Translated from Hyrtl's *Handbuch der Topographischen Anatomie, Zweiter Band*, p. 63, for the MEDICAL AND SURGICAL REPORTER.

BY DR. J. C. M'MECHAN,
Of Cincinnati, Ohio.

(*Continued from Vol. xxxii, p. 7.*)

The external integument is of medium fineness, for the dorsal veins of the penis, transparent, very movable, completely wanting in fat, with the exception of the root of the penis, and from the neck of the glans, extending outwardly, is laid in a fold, which, like a capuce, covers over the glans as the so-named prepuce, and usually extends beyond the tip of the glans. The part of the penis covered by the scrotum has no integumental covering.

The integument of the penis is distinguished from the muscular structure of its surroundings, by a somewhat darker color. At the root of the penis it is covered with hair, although not so thickly as on the mons veneris. At the most aristocratic weddings in France, until the time of the regency in the last century, the épilation of the genital region was a part of the marriage toilette. The guillotined Duke of Orleans was the last person who submitted to this procedure.

The extensibility and tenderness of the subcutaneous connective tissue of the penis allows serous and bloody effusions to extend in that organ with facility. At the root of the penis it extends uninterruptedly into the dartos of the scrotum, and upwardly it blends with the suspensory ligament of the penis, which is formed by the aponeuroses of the external oblique abdominal muscle. It is rich in venous ramifications, which extend into the prepuce. On this account, simple wounds of the integument of the penis and of the prepuce bleed profusely, but not long, and the Israelites, on this account, after circumcision, frequently make use of a styptic powder, or stop the bleeding by sucking the wound with the mouth.

The laxity and pliability of the subcutaneous connective tissue, causing great mobility of the covering of the penis, gave to Dieffenbach a means of successfully closing fistulæ of the penis by transplantation, or by drawing of the integument over the shaft of the penis, which had withstood all treatment by cauterization. One of these cases deserves a more particular description, on account of the peculiar circumstances attending it. An officer of a Russian ship, whilst sleeping on deck, and during an erection of the penis, caused by a lascivious dream, was wounded on the under surface of the penis by a bullet from a Greek pirate ship, in such a manner that a fistula originated, which defied all efforts at treatment, and which served as the exit for the urine, and likewise for the seminal fluid. The man found himself thereby, in respect to his power of impregnation, in the sad position of a hypospadiac. Dieffenbach included the fistula between two circular integumental incisions around the penis, dissected the thereby

encompassed integumental ring loose as far as was necessary, in order to be able to draw it so far that the external fistular opening came to lie upon a sound portion of the penis, and the internal fistular opening was closed by a sound portion of the skin being drawn over it. Adhesive plaster held the integumental ring firmly in its new position, and a lucky union crowned this original undertaking with complete success, which helped the patient, after the lapse of two years, to the delights of a father's joy.

The very lax connection of the integument with the corpora cavernosa of the penis in its relaxed condition, as is perceptible, becomes evidently closer during erection, owing to stretching of the integument, and on account of its thereby lessened capability of displacement.

Nèlaton relates a most interesting case occurring in his practice, which finds an explanation in the lax connection between the integument and the body of the penis. Through the falling in of a bank of earth, the skin was stripped completely from a boy's penis without tearing anywhere externally. The only place torn through was at the juncture of the prepuce with the glans. The shaft of the penis which had slipped out of its integumental covering had glided beneath the integument of the scrotum. Nèlaton first noticed this certainly singular presenting condition in his way, upon wishing to catheterize the patient on account of retention of the urine. He introduced a dissecting forcep through the anterior opening of the covering of the penis, caught hold of the dislocated shaft of the penis and drew it to its proper position again. He described the case as luxation of the penis.*

HYDRATE OF CHLORAL.

BY MADISON MARSH, M. D.,
Of Port Hudson, La.

No new remedy of recent introduction has received such universal and high encomiums, elegant, eloquent and eulogistic commendations, both in and out of the profession, as this newborn advent into the great family of therapeutics. This pet bantling has been so carefully nursed and admired by all the amateurs of new remedies, new wonders, and new sensations and emotions, that its old correlatives, anæsthetics, hypnotics, narcotics and alcoholics, have lost their legitimate place as therapeutic agents, and position in public esteem. It is represented by its especial advocates as "*one grand*" panacea, an instant cure for all the pains, aches and "ills, that life is heir to;" the whole round of neuralgias and nervous afflictions, in all their protean shapes and painful forms, yielding as by a charm, at once, to its magic influence; and after the patient remaining for hours in a perfect state of *unconsciousness, or anæsthesia*, awakening refreshed as from a quiet, peaceful sleep or gentle *slumber*; all these admirable results attained without the least *caution* or care in its exhibition, danger in its use, or fear of any *fatal* results.

Now, according to inquiries as to the experience of others, and my own observation, I respectfully beg leave to dissent from the above popular opinions and delusions of the multitude; and to the above fulminations of the learned and scientific I enter my solemn protest. Not that I do not think *chloral hydrate* a valuable therapeutic agent appropriately prescribed, carefully and cautiously administered by persons of intelligence *wholly from under its influence themselves*. However, *it is not the harmless agent* represented, to be carried in a gentleman's pocket like a flask of brandy and safely quaffed to allay a little mental irritation, or nervous exhaustion from over brain work, or too free indulgence in his cups. Neither is it a safe companion in a lady's *boudoir*, to be delicately tasted upon every whim and caprice of exaggerated emotional fancy, or the hysterical *vagaries* of every morbid longing or absurd and insane desire. Under this *educated, fallacious* impression

> "One sip of this
> Will bathe the drooping spirits in delight,
> Beyond the bliss of dreams."

Its effects are so pleasant, and its use so exquisitely infatuating, that, the habit once acquired, a person becomes a slave to its use, never to stop till death closes the scene. The enchantments of alcoholic stimulants, cannabis indica, morphine and tobacco, bind with silken cords compared to the bars and hooks of steel thrown around the unhappy victim of this popular drug and infatuating stimulant.

I am not objecting to chloral hydrate as a valuable remedy, but against its incautious, indiscriminate, hap-hazard and promiscuous use by people wholly ignorant of its poisonous qualities; laboring under the impression that it is

* *Gazette des Hôpitaux*, No. 86.

as harmless as camphor or a sniff at a bottle of smelling salts composed of carbonate of ammonia and some fragrant aromatic.

Incautiously and improperly used, it is an agent of the most fearful import in its toxic effects. Its chemical qualities, affinities, affiliations and combinations, as yet, are not clearly, satisfactorily, definitely defined, and must endure further criticism and severe scrutiny before it holds, beyond controversy, the high position claimed for it in the therapeutics of to-day.

All agree that it is variable in its action. This is accounted for by one writer as owing to the purity or impurity of the article used; another, by fault in the formula or preparation of the solution used; and by yet another, the preparation in use deteriorating by age, and in that way, somehow or other, modifying or changing its chemical qualities so as seriously to impair its normal physiological action. Chemists assert, and the leading minds of the profession accept the theory, that chloral, of itself, has no direct physiological action on the human system, but enters the circulation, in the blood meets with soda, and by chemical affinities and combinations chloroform is evolved, and *that* is the direct agent in producing its soporific effects, which are analogous to the action of chloroform itself, or very much like it.

It is admitted chloral hydrate has to pass through the chemical laboratory of the human system and undergo decomposition, before it produces its specific physiological action. May not this fact afford sufficient explanation of its admitted variable effects in disease? The condition of digestion, assimilation and deposition are so multifarious and varied, and the character of the blood so modified by conditions of health and disease, it is a fair and logical conclusion that, in passing through this chemical apparatus, chloroform, in varying qualities, pure, impure and poisonous, should unquestionably and frequently be evolved, producing characteristic and varied effects on the patient. This, also, is a sufficient explanation of the fact that at one time fifteen grains brings quiet repose, the next night one drachm and a half, from the same vial or bottle, given the same patient, affords no relief whatever. It is the purity of the chloroform elaborated in the blood that produces these wonderful and varied results. A person in the habit of using from a drachm to one and a half a day, just keeping his nerves steady and all right for business, at last, in the middle of the day, before his allowance is half used up, lies down and almost instantly dies. One person writes he used one ounce in one night, and in the morning rose refreshed and all right for business! And yet I have known a case of a man taking forty-five grains in three doses, who, in fifteen minutes after the last, turned himself over on his side, and, without a struggle, quietly breathed his last.

I will now record a few typical cases that have come under my notice within the past year, in illustration of the above comments, in hopes it may deter the uninitiated from the use, and more especially the abuse, of an article so pregnant with *woe* to so many of its disciples and votaries.

Case I.—A lady with a young child, about three months old, having had given her, at the time of her confinement, chloral hydrate, was so delighted with its effects that she continued its use on every trivial pain and uneasiness. At last she had an attack of pain in the right side, of no unusual severity. Chloral was administered, said to be forty-five grains, in two doses, the last succeeding the first in about fifteen minutes. She soon fell into a state of perfect anæsthesia. No rubbing, pulling, pinching, or the *roughest* manipulation, made the least impression upon her. Coffee, toddies, and mustard were forced upon her, but she could not swallow. A cold sweat, with ice-cold extremities, ensued, with stertorous breathing and faltering pulse. Hot applications were applied to her feet, cold water applied to her head by wet cloths, and friction diligently and continuously kept up, without the least relief, but patient continually sinking. After remaining in this condition for seven hours I was called in to see her. Found her in above condition. Difficult respiration, pulse too frequent for about half a minute to be counted, then intermittent for about the same length of time; spasmodic jerking of one shoulder; every symptom indicating speedy dissolution.

A tub was placed by the side of the bed, a bucket of water was called for, and from a pitcher, elevated about four feet above her head, a continuous stream of cold water was poured on, without any effect, till about three bucketfuls were used; she then slightly raised her right hand, and before another bucketful was finished, she exclaimed, in a severe rigor, "O, what a shower!" She was then enveloped in warm blankets, and passed a very comfortable night, after the chill passed off.

In the morning she attempted to arise and walk, but was so dizzy she could not stand. It was four days before she could walk about the house. Before she took the chloral, notwithstanding the pain in her side, she was up attending to her household affairs.

Case II.—Furnished by a correspondent in another part of the State. Mrs. —— was confined under the use of chloral hydrate by her *accoucheur*. This was kept up to relieve her pain for about two weeks. One morning, after taking an ordinary dose, she laid down, and in a few minutes quietly expired.

Case III.—A gentleman, æt. about thirty years, a very active, energetic man, having an extensive mercantile business to attend to, fell into the habit of using alcoholic stimulants in pretty large quantities to support him in his inordinate efforts to get through the business of the season. He became nervous, and could not sleep at night. Some one suggested hydrate of chloral; he used it; became infatuated. From his troublous sleep his wife became alarmed (he recently had an attack of malarious fever). She urged me to remonstrate with him on its baneful effects and the danger of its use. I complied, and to the best of my ability portrayed to him the danger of its habitual use. The reply was, "I must sleep, though I die." A few weeks afterwards, only living across the street, I was sent for in haste; in five minutes I was there, and he was dead. Four hours before he was up, giving directions to his employees for the next day.

Another gentleman, living at this place, postmaster and justice of the peace, an old U. S. officer, after attending a Republican club meeting at midnight, in the morning was found in a dying condition. I knew this gentleman well—I, a rebel, and he a Union officer—nevertheless, we *hibernated*, and he took it free and easy round my office. Against my remonstrances, he took chloral, and died.

Case IV.—But recently a young gentleman called upon me, drew from his pocket a little bottle of chloral hydrate, and said, "What do you think of that? In these times of political excitement I have been drinking very hard, and this has been recommended to make me sleep. Shall I take it?" I replied, "No; throw it away. Rather than take that poison stuff you had better never sleep." "Well," said he, "if that is your opinion I will not take it." In about four weeks afterwards I met him, and he remarked, in great glee, "Well, I did not take your advice, but went home, took the chloral, and slept fine. I carry it with me all the time, now." I remarked, "*Well, keep on;* some day it will knock you down as dead as a beef hit on the head with an axe; or you will go to sleep and never wake again till the day of judgment." About one week ago he was at a gin house on a neighboring plantation, reclining on the lint cotton, to rest awhile, and in a few minutes expired.

The above cases are but a glimpse, or bird's-eye view of the many fatal results in the use of this article, coming under my own observation within the last year. The fatal action of hydrate of chloral is generally hid under a cloud. If the victim is intemperate, *whisky* hides the case; if in childbed, convulsions or internal hemorrhage veils the scene; if in the private chamber, heart disease, epilepsy and apoplexy throw over it an impenetrable cloak, hiding its fatal effects from the public gaze. If its soothing enchantments and deadly fatality could be unveiled to public view, it would be shunned as the deadly upas, venomous cobra, and fatal rattlesnake.

In a large and extensive practice of over twenty-five years, in distant latitudes and diverse climes, both in private and military practice, in the whole round of toxicological agents and virulent poisons I have not witnessed so many fatal cases, by accident or design, as have come under my observation since the general introduction into practice of *chloral hydrate*. Can it be possible that all this deadly effect is from the little chloroform evolved in the blood by a killing dose of chloral? It seems to me this physiological action, and toxic or poisonous effect, is far above and beyond the power of the small amount of chloroform thus set free in the blood and general circulation.

The experiments of learned and celebrated physicians reveal the following facts: One drachm of chloroform, taken by the mouth, produces only moderate soporific effects, without undue frequency or force of pulse, or the least exhilaration; seventy-five drops are only equal to thirty drops of laudanum, in narcotic effect, and that amount, given every half hour in succession, for several consecutive hours, produced the happiest effect, without any unpleasant symptoms. Now, it is absurd to contend that any such amount of chloroform was ever set free by soda in the blood, by any killing dose of chlo-

ral on record. I, therefore, think it a logical conclusion that hydrate of chloral has a physiological action (toxic or poisonous) and medicinal effect in itself, and by itself, independent of any evolution development of chloroform chemically produced.

There are also pathological phenomena and conditions following the inordinate use of this article that I never saw developed by chloroform. I have witnessed cases of severe acute catarrh or bronchitis, and, in two cases, well-developed spinal meningitis, with all its pathognomonic phenomena.

As a proof that this view of chloral is not confined to this locality or country, but is widespread and universal, and that I do not exaggerate, or am not haunted by vagaries, I quote from the *Druggist and Chemist*, Cannon street, London, now before me, the following:—

"A woman, aged 38, has died at Lincoln, from an overdose of chloral hydrate. She had been for some time past in the habit of taking various narcotics, and lately had become a slave to chloral drinking, which she took frequently, and in large doses, as much as 80 grains at a time. The servant of the deceased had fetched two ounces syrup chloral from two different chemists, and when the deceased asked her to fetch a third dose refused to do so. The deceased thereupon started to obtain it herself, and in a little time was brought back *dead*, having been found dead or dying in the streets. The druggist who supplied one of these doses of chloral stated, in answer to the coroner, 'That it was not his custom to label hydrate of chloral as poison, nor to sell it under the regulations required on the sale of poisonous drugs. His reasons for omitting so to label it was because it was not mentioned in the list of poisons required to be labeled.' The coroner has since addressed himself to the President of the Medical Council, with the object of getting this medicine included in the schedule of poisons."

I am of the coroner's opinion, and think every druggist in this country should as invariably label hydrate of chloral *poison* as corrosive sublimate, arsenic, or strychnine.

—It is announced that fourteen female medical students have just completed their course of study, under the direction of the Ladies' Committee of St. Petersburg, and will be passed in the present month, after their full term of three years.

Hospital Reports.

PENNSYLVANIA HOSPITAL.

CLINIC OF PROF. J. M. DA COSTA.

January 2d, 1875.

REPORTED BY F. WOODBURY, M. D.

Albuminoid Disease of Kidneys and Liver, with Albuminuria.

The case now before the class is a man, forty years of age, who was admitted to the hospital Dec. 24th, 1874. He gives a good record as to family history, and states that he was a healthy man before the present attack, except that eight years ago he had an indurated chancre, which, he declares, was not followed by bubo, an eruption on the skin, or any constitutional disorder whatever. This statement, however, should be taken with allowance, as a slight eruption upon the skin might easily be overlooked by a man in his position. He is a seaman, and, though he has sailed for a considerable portion of his time in warm climates, he has never had intermittent nor yellow fever; but three years ago he had a slight attack of pleurisy, confined to the lower portion of the left lung. Eighteen months ago he began to notice an œdema of both limbs, which extended to the knees. This shortly passed away, to return again in five months, when, after a month's duration, it again disappeared. Eight weeks prior to his admission into the hospital, he again had œdema in his lower extremities, followed shortly by ascites. He continually vomits an acrid, sour liquid, but has never suffered from abdominal pain, and has not vomited blood. His bowels are regular, and the discharges are light in color.

On admission, it was noted that the legs were very œdematous, and pitted upon pressure. The abdomen was greatly distended, measuring 38½ inches. The chest surface was also œdematous.

Upon examining our patient, we see that he is sallow and emaciated. There is a tumor in the neck immediately behind the left sterno-cleido mastoid muscle. It is nodular, firm, and not attached to the deeper structures of the neck; the skin over it is congested and adherent. The fact should be mentioned that he used tincture of iodine to paint it with, quite freely, before he came into the hospital. The face has a decided cachectic appearance. The conjunctiva is somewhat discolored, is slightly yellow, but not, as you would suppose from the face, decidedly jaundiced; it shows chiefly the pearly hue of anæmia. His lips and gums are pale, the tongue is slightly coated, the pulse this morning was 84, and the respirations 24.

There is some cough; the lungs anteriorly are clear on percussion; posteriorly we find dulness at the left base, in fact impaired resonance

on both sides, low down. The vocal fremitus over this portion is but slightly felt. On the left side, above the line of dulness, there is friction. There is, therefore, effusion into both pleural sacs, especially on the left side, where there is also inflammation. The skin is warm, but not abnormally so, as the highest temperature recorded since his admission is 99°.

On auscultation we find no evidences of heart trouble. The first sound is short and sharp, as often occurs in anæmia.

This completes the investigation of the chest; we will now examine the abdomen. It is distended by considerable effusion; there is very evident succussion; the abdominal superficial veins are notably distended. The area of splenic dulness does not extend high up, nor below the ribs; the spleen is not enlarged. In the hepatic region there is a distinct tympanitic sound at the lower border of the ribs, indeed, slightly under the rib. The first thought would be that there is decreased percussion dulness, due to a contracted liver, and that the ascites is due to cirrhosis; but let me caution you not to make a diagnosis off-hand in these cases of effusion. Before deciding definitely, let us see where the upper border is; we find the dulness beginning at the third interspace, and distinct at the border of the fourth rib. Now what has happened here? The liver has been pushed up by the large collection of fluid. This is a nice point in the diagnosis of abdominal enlargement due to visceral disease; we will now ascertain how much the dulness is displaced by a full inspiration, and if I am correct it will be materially changed at the upper border; as he takes a full breath, it descends nearly two inches, and the percussion note under the lower rib gradually loses its tympanitic note, and becomes dull. Therefore the contraction was only apparent; indeed, my belief is that the liver is rather increased, and presents a larger surface than normal. In concluding the examination, I would call attention to the disturbance that exists in the circulation, produced by some obstruction in the abdomen, as shown by the enlarged superficial veins. To complete the report I will state that the urine is dark in color, acid, sp. gr. 1016, and throws down a copious deposit of albumen on boiling. Examined microscopically, numerous hyaline casts are seen, some of which contain fine granular matter. With the ophthalmoscope, the fundus of the eye shows nothing distinctive, except that it is anæmic.

Now what is the diagnosis? We will first examine more closely this trouble in the neck, before deciding positively. He says that he noticed this swelling four months ago; that at first it grew rapidly, but has now remained stationary for nearly three months. It is not, nor has it been painful; this discolored surface was produced by his liberal application of iodine. My belief is that the tumor is probably simply an enlarged gland. The fact that it grew rapidly at first and then remained at the same size, or even decreased, as he says, is opposed to the theory of malignant disease, nor is this the place where we would usually expect cancer to appear. But in order to finally decide the question we will take out a piece of the substance with a small trocar, and examine it microscopically. This has an important bearing upon the case.

The questions that are naturally suggested to you in looking at the patient, is, "Why is there so much abdominal dropsy?"—this is the most prominent feature in the case—and "Why such disturbance of the abdominal circulation?" The ascites was a subsequent symptom; it did not come on for a long time after the feet were affected. A very necessary point to make out in this connection is the existence of albumen and tube-casts in the urine, which, having been found, are an evidence of disease of the kidneys. But what form of renal disease is present? So much cachexia is not usual in Bright's disease. There is no doubt that we are dealing here with some form of Bright's disease of the kidney, but will this explain all the features of the case, the pallid appearance of the face, the disturbance of the circulation? Not by itself. One of the characteristics of Bright's disease is, that the dropsy is general, and that it is most marked in the lower extremities, the ascites not being usually the prominent symptom. This large effusion and disturbance of the abdominal circulation point to a local cause, and are not all accounted for by kidney degeneration.

To explain these symptoms there are three possibilities:—

1. Bright's disease complicated by cirrhosis of the liver; a probable diagnosis, and one well worthy of discussion.
2. Cancerous disease of the liver.
3. A morbid product of the same kind deposited in the liver and kidney, albuminoid in character.

1. Is cirrhosis present? Apparently so:—the altered area of hepatic dulness; the effusions; the enlarged abdominal veins; the history of long drinking, although, he affirms, never to excess; are all points making this a likely diagnosis. But a strong fact against it is that diminished percussion dulness is not real; careful examination, on the contrary, proves that the liver is slightly enlarged. Besides, in ascites coincident with cirrhosis, there is generally no serious impairment of the general health. Do not understand me to say that a patient with cirrhosis of the liver is a well man, but that it is strange that with such serious disease of the liver as we often find, there frequently is so little general disturbance. In cirrhosis, you do not find cachexia, as there is here. Another strong point is, that although he has been subject to œdema of the lower extremities for some time, the ascites only came on during the last three months; it is, therefore, a recent trouble, and shows comparatively rapid progress of the disease; this is not like the clinical history of cirrhosis, in which the accumulation is very gradual, and is, from the first, abdominal.

2. Now as to cancer. The tumor in the neck,

if malignant, would make this probable, and, indeed, it is a view which could be strongly held. But to me this does not appear to be the true view. In the first place, I do not think that the tumor is malignant, and, secondly, there is no tenderness in the hepatic region. This is a strong point. I have yet to see the first case of malignant disease of the liver, in either private or hospital practice, without tenderness. I believe that, with rare exceptions, in cancerous disease, the liver is much more enlarged than it is here, when the general economy is so much affected as it is in this case. This excludes the 2d and brings us to the 3d supposition. We know that there is a disease of the liver which is apt to be complicated by disease of the kidney; that is, albuminoid degeneration. This is a constitutional affection, variously produced, and troubles in the liver, spleen, and glands, are apt to occur. This, I believe, is the true solution. There was disease of the kidney primarily, and in the course of time changes took place in the other abdominal viscera, and the liver became harder than normal and increased in size, from albuminoid deposit. This will explain all the phenomena.

Looking at the case in all its points, it may be summed up—1st. As one of dropsy, associated with one of the rarer forms of Bright's disease; and, 2d. Changes in the liver, for the most part produced by a deposit similar to that in the kidneys.

Now as to treatment. Iron first; the cachexia demands that. He has been taking thirty drops of the tincture of the chloride three times daily. This shall be continued. In addition, he has had muriate of ammonia, fifteen grains, twice daily. This shall be increased to twenty grains. You understand why the iron should be given in cachexia and anæmia, but why is the muriate of ammonia ordered? Because this is one of the best agents that we possess to counteract the tendency to albuminoid degeneration. Would time permit, I could cite a long list of cases that I have seen elsewhere and in private practice, where it has proved valuable in albuminoid disease of the liver. In addition, he shall have plenty of good food, but no stimulants. He shall take as much milk as he can use.

As the dropsy is increasing, we will give him a pint of scoparius infusion to stimulate secretion, with occasionally a cathartic of podophyllin, to produce watery discharges.

Medical Societies.

COLLEGE OF PHYSICIANS, PHILADELPHIA, Nov. 4, 1874.

The Society commenced at the usual hour, Dr. W. S. W. Ruschenberger in the chair.

Dr. Wm. S. Forbes detailed a

New Operation for Certain Cases of Cleft Palate and Bifid Uvula.

He remarked: At the present time, the operation for closing the cleft in the soft palate, as revived by Roux, and practiced by Dieffenbach, Warren, and others, and materially improved by Sir W. Fergusson, consists in dissecting off the margins of the fissure, bringing the edges together, and holding them in apposition by suture, and in dividing the tensor and levator palati, and the palato-pharyngei muscles, in order to relieve tension, and place the parts as much at rest as possible, until union takes place, when the sutures are to be removed.

There are frequently cases met with, however, in which each half of the split uvula and velum is large and thick, and in which the cleft does not extend entirely through the velum up to the hard palate. In such cases I have to recommend a different mode of procedure, one in which no suture is used, and with which, in the two cases I have had, I succeeded perfectly well.

The first case was in May last, in a boy, N. Y., aged ten years. He came from Western Virginia; was healthy in every respect, and allowed me to touch his palate without any discomfort to himself. The uvula was thick, and the whole palate was large, the cleft extending a little above, I thought about a fourth of the way through, the velum. I had hardly finished my examination before I thought it possible to practice on this palate what I had seen Nélaton perform in a case of hare-lip, namely, to make an incision from a little below the middle of the right half of the uvula, on one side, and carrying the bistoury up to a point above the arch of the fissure, and then turning the bistoury, to bring it down to a corresponding point in the uvula of the opposite side.

The column of flesh on either side of the fissure, now liberated by this incision, turns on its attached pedicle, or falls from the arch, leaving a long uvula with an oval opening in its base.

This operation having been practiced in the case referred to, in a few days granulations sprang up, and the parts contracted. A day or two later, when the upper part of the wound began to widen, I divided with a double-edged knife the tensor and levator palati muscles, as recommended by Sir W. Fergusson, thus removing all tension, when the upper edges of the trapezoidal-shaped opening approached the median line; and, under the application of a little nitrate of silver, cicatrization and narrowing of the entire opening rapidly ensued.

Dr. John Ashhurst, Jr., related a case of

Fracture of the Neck of the Scapula,

As follows:—This rare accident occurred in a boy five years old, who had been struck by a falling door, receiving a contused wound just in front of the right ear and an injury of the right shoulder, the precise nature of which does not seem to have been at first recognized. When I saw the case, on the third day, there was a good deal of pain and tenderness, with moderate swelling, but very little deformity. Careful examination showed that there was no

fracture of either the humerus or the clavicle, nor of either the acromion or the coracoid process; but the latter appeared to move with the head of the humerus, and, by grasping the neck of the scapula between the fingers laid upon the shoulder and the thumb thrust firmly into the axilla, deep-seated crepitus was elicited upon the arm being forcibly rotated. The treatment consisted in maintaining the arm in the "Velpeau position" by means of broad adhesive strips and a bandage, and a satisfactory cure was effected in the course of four weeks.

CENTRAL OHIO MEDICAL SOCIETY, COLUMBUS, OHIO.

The Central Ohio Medical Society met in the Board of Trade room, December 10th, 1874.

Dr. P. E. Beverly, the President, called the society to order. The minutes of the last meeting were read and approved.

Dr. P. M. Wagenhals read a paper on the "Insulation of Beds in the Treatment of Rheumatism," referring to his own case and others. The paper is published in this number of the REPORTER. The paper was discussed by Drs. Nourse, Goss, Gay, Ranney and Kinsman. Dr. Gay reported cases of rheumatism on iron bedsteads which stood on stone floors complaining of severe pains; they were easier soon after being put on wooden bedsteads on a wooden floor. He thought insulation worth trying, in order to study the electrical changes of the atmosphere in cases of various diseases. Dr. Kinsman spoke favorably of the idea of giving it a trial, in order to get more experience with insulation.

Resolutions were adopted relative to the death of Dr. S. M. Smith, and an eloquent tribute to his memory was paid by Dr. C. P. Landon.

Dr. A. Neil read an interesting paper on cholera infantum. Dr. Kinsman, in discussing this subject, spoke of the difference between inflammatory diarrhœa and cholera infantum; he uses chloroform with other remedies in the latter cases.

Dr. G. S. Stein read a paper on the bromides. Dr. Goss discussed this paper.

Dr. S. W. Ranney exhibited a man with necrosis of the arm bones, of four years' standing.

Dr. Mills reported a case of bronchocele, which was discussed by Dr. J. Hamilton.

Dr. Jones, of Leandon, reported a case of locomotor ataxy. Drs. Werth and Hamilton gave their experience with this disease.

Dr. Hamilton reported one case that could not walk when the eyes were closed, but could, well enough, when open.

The President of the society appointed the essayists and the executive committee for the next meeting, Jan. 14th, 1875.

D. W. COBLE, M. D., Sec.
Westerville, Franklin Co., Ohio.

EDITORIAL DEPARTMENT.

PERISCOPE.

Arsenic in Diseases of the Skin.

Dr. T. C. Allbutt says, in the *Practitioner*:—

I do not assert that all eczemas, all psoriases, all lichens, all urticarias are cutaneous neuroses. On the contrary, some forms of some of these are often seen in gouty persons, and may well depend upon irritative elements in the circulation. Or, again, such skin affections may own other and obscurer origins. The interesting question therefore arises, whether eczema as a cutaneous neurosis presents any external features by which it may be distinguished from eczema which is due to other causes; and so again of lichen, urticaria, and psoriasis, whether the eye may discern in them any differences corresponding to differences of causation. We hear it often said, and thoughtlessly repeated, that symmetrical disposition on the two sides of the body is an evidence of an origin from the blood, but surely such disposition speaks at least as strongly in favor of dependence upon the nervous system. Excessive irritability of the affected parts again suggests a morbid innervation, and such eruptions may be compared with the syphilitic, which probably follow other than nervous antecedents, and which rarely give rise to itching or tingling.

If we turn from speculation to clinical experience, I believe that we shall find the cutaneous affections of neurotics to be symmetrical and to be irritable. Moreover, symmetrical irritable eruptions are often spreading eruptions, and are generally coincident, indeed, with the class of affections called dartrous by the more discriminating of the French physicians. The dartrous eruptions, then, seem to be cutaneous neuroses, or to partake of that character, and are not primarily due to imperfect excretion. Let us turn now to another curious piece of clinical evidence. The metal arsenic, like its analogue phosphorus, is one of the most useful neurotic remedies which we possess; it is especially useful in asthma and gastralgia, and it is not without some value in chorea and other neuroses. On the other hand, arsenic has long been known by physicians to have great curative power in certain affections of the skin, though it has

been and is still regarded as an agent of uncertain or irregular efficacy. Now, arsenic in my hands has been certainly and regularly efficacious in those skin diseases which, on other grounds, I referred, or was disposed to refer, to the class of cutaneous neuroses, while in other skin affections it has been inert or injurious. Here, then, we have another curious bond between affections apparently remote, between asthma and gastralgia on the one hand and many skin affections on the other. Does not this strongly suggest to us a community of origin?

Treatment of Tapeworm.

Dr. Cobbold, in the *Lancet* of recent date, gives this case as illustrating his plan of treating tapeworm:—

L. E——, a little girl, only two years and three months of age, was placed under my care during the month of February of the present year, there being evidence to show that she had contracted tapeworm about nine months previously. She had been treated with fifteen-drop doses of the male-fern extract, on alternate days, for a period of several weeks, during the previous autumn. She was alarmingly ill at the close of that period; and the treatment being for a time discontinued, the medical gentleman under whose care she had been thus far was unselfish enough to hand over the case to my care. The treatment had so far succeeded as to have expelled "several yards" of the worm. The parents were naturally very anxious; and therefore, without stint, they, like sensible people, afforded me every facility for bringing the case to a successful issue. I do not know that I have ever had to deal with a case of tapeworm presenting such peculiar difficulties. Not merely was it essential to avoid the exhibition of any remedy which could exert a drastic or lowering action on the system, but it was equally important that the parasite should be dislodged, head and all. The stupid plan of starvation, so much in vogue abroad, as a preliminary step, was also obviously contra-indicated. In short, I was bound to proceed most cautiously. Accordingly, I recommended that the child should be treated in the country, and not in town, as I wanted her general health to be improved and maintained in comparative vigor. The diet and exercise were regulated. Gentle aperients were taken, the vermifuges commenced with being very small doses of kamala, in the first instance, and areca-nut powder afterwards; subsequently these were combined with advantage. And thus, without the slightest ill effect upon the child, a considerable part of the body of the worm was dislodged. Still, however, the upper part of the body, the neck, and the head had to be obtained. After a time I felt sure that a small dose of male-fern could be borne, and therefore prescribed fifteen minims of the extract, which had the effect of dislodging all except the *head* and a few of the upper neck segments. Confident that a second dose could be borne, after a brief interval this also was given, without any untoward result; and on the 2d of March I made my final fecal exploration. This search was continued for one hour and twenty minutes, at the expiration of which time I succeeded in finding the *head*, which had scarcely any portion of the neck attached. Curiously enough, also, this head displayed certain morphological peculiarities which I have not found to obtain in any other *heads* of the beef tapeworm (Tænia mediocanellata). Its form was less truncated, the first neck segment being as well pronounced as any of the immediately succeeding ones.

The lessons to be deduced from this case are important. In the first place, it shows that success is not unattainable even in instances where the youngest children are afflicted with tapeworm. In the next place, it shows that there are examples of the disorder where it is better to proceed cautiously than to give the largest doses the patient can bear at once. Further, it shows that the male-fern may be administered every other day for weeks in succession, without bringing away the *head* of the parasite, and that the employment of this powerful drug may give rise to alarm, if not on the part of the practitioner, at all events to the patient's friends. It likewise shows that personal investigation of the fæces affords (to any one familiar with the facts of tapeworm development and appearances) a true indication of the proper extent to which the treatment has been pushed.

Obscure Syphilitic Forms.

Dr. Fothergill, in a paper in the *Practitioner*, says of such cases:—

For instance, a married women presents herself with a history of failing health and recurring abortions, her first children being healthy. Her husband has been perfectly faithful to his marriage vows, and there is no history of new infection; but there is a doubtful history in the past of syphilitic infection, which has never been troublesome at all, and has been well-nigh forgotten. In addition, she may point to an occasional spot on a limb, usually on both limbs together; or she may complain of rheumatic pains along the collar-bones, or in the arms and legs. Such a conjunction of symptoms at once warrants a suspicion of syphilis; and the fact that the course run is somewhat irregular and has not kept to the beaten track, is of no weight in the diagnosis of an affection so varied and so Protean. The one fact that is of primary importance is the presence of syphilis. Why it should have permitted of several pregnancies without disturbing their course; why it should leave the husband and fasten itself upon the system of his unoffending wife, are not questions for us, so much as how, without delay, to dislodge the intruder, or if that be not feasible, to scotch its head and neutralize its pernicious influence.

It is easy to administer some iodide of potassium and watch the result. It is a matter of

certitude that many of the marvelous cures by iodide of potassium are cases of unsuspected syphilis. Or the solution of the bichloride of mercury may be given in quassia, and the results watched carefully. If the well-known effects of mercury upon the mouth are induced it may be at once withdrawn, but if there be marked tolerance of it, with benefit to the symptoms, then the original suspicion becomes something more assured.

A word as to the combinations to be used. In many cases the union of the solution of the bichloride with iodide of potassium may seem desirable. But if there be anæmia or debility, it is better to combine it with the muriate of iron. In other cases a pill of the following kind seems indicated, and is an agreeable form:—

℞.	Hyd. bichlor.,	gr. v.
	Fer. sulph. exsic.,	gr. xxiv.
	Pul. capsici,	gr. x.
	Pil. al, et myrrh,	q. s.

In pil. lx. div. 1 bis in die.

Each pill to be taken after a meal, so that the iron and the mercury may be thoroughly incorporated with the food. This should be followed up, on Ricord's plan, for several months after all symptoms have disappeared. The syphilitic virus has not merely to be compelled to withdraw itself into obscurity, it should be followed up and exterminated, while the system generally and the general health should be well supported during the whole of the eradicating process.

How to Grow Lean.

From a quotation in the London *Medical Record*, we learn that M. Philbert states that the principal measures for reducing obesity come under four heads:—1. *Régime;* 2. Hygiene; 3. Exercise and Gymnastics; 4. Waters with sulphate of soda. The basis of the *régime* rests on the prevention of the introduction of carbon into the system, or on favoring its transformation, and augmenting the amount of oxygen. The food must, therefore, be non-nitrogenous, varied with a few vegetables containing no starch, and some raw fruit. But the temperament of the patient must be kept in view. The lymphatic should have a red diet, beef, mutton, venison, hare, pheasant, partridge, etc., and the sanguine should have a white diet, veal, fowl, pigeons, oysters, etc. Vegetables, not sweet, or farinaceous, may be allowed: grapes, gooseberries, apples, etc. *Cêfe noir*, tea with little sugar and the addition of a little cognac may be used. We must forbid sugar, butter, cheese, potatoes, pastry, rice, beans and peas, etc.

The hygiene consists in favoring the action of the skin, in wearing a tight roller to support the walls of the abdomen, in taking plenty of exercise on foot or on horseback, playing at billiards, fencing, swimming, gymnastics, etc.

The Banting treatment is not very different. It consists in abstaining from bread, butter, milk, beer, potatoes, pudding, and from sugar in every shape. It allows some biscuit or dry bread, every kind of fish except salmon, and every kind of meat except pork, all vegetables except potatoes.

Purgatives have a good deal to do with the success of treatment of cases of obesity, and some have thought scammony as effective as sulphate of soda.

French Treatment of Ague.

The correspondent of the *Irish Hospital Gazette* says that, at the Lariboisiere Hospital, in Paris, Dr. Millard treats intermittent fever as follows:—

He begins with the time-honored emetic and purgative, whenever gastro-intestinal symptoms are present, which he says almost invariably usher in this form of fever; he then prescribes the sulphate of quinine, in doses of eight to sixteen grains, to be given at once, six hours at least before the expected attack; this should be accompanied by some bitter infusion (the inevitable tisane), and continued until the paroxysms are completely subdued, otherwise the patient would be subject to relapses. When the fever is of long standing, he prescribes a cold infusion (maceration) of cinchona, in the proportion of twelve grammes to one litre, sweetened with the syrup of orange. This is to be taken *ad libitum*, and after each attack a dose of quinine, of eight or ten grains, is administered. In addition to the above, the patient is to take about an ounce and a half of cinchona wine before each meal, and shall continue the treatment for some time, suspending, however, the quinine, as soon as the attacks of fever are completely under control.

The Uses of Iodoform.

Dr. Pareta, of Palermo, as quoted in the London *Medical Record*, testifies to the value of iodoform when applied to ulcerating surfaces of all kinds, by several French and Italian surgeons, and then relates thirteen cases in which it was employed. Two were ulcerating hard sores, and ten non-infecting sores, some of which were phagedenic. In none did any mishap arise; cicatrization proceeded steadily in all, and when the iodoform was applied to recent non-infecting sores, it healed them with surprising rapidity. The wounds were washed twice daily with solution of iodoform (iodoform, one part; alcohol, five parts; glycerine, fifteen parts) and then liberally sprinkled with the dry powder.

Two inconveniences attend the use of iodoform; its high price, and its disagreeable odor; the latter is so peculiar and penetrating that it renders the patient unfit for society while it is employed. The first case narrated was one of obstinate creeping sore following virulent bubo, which continued two years, and resisted a multitude of caustic, alkaline, and other applications, attaining in January, 1874, a circular shape with a diameter of two inches and three-

quarters When iodoform had been used eight days the wound was a simple granulating surface, and in twenty four days was soundly healed. The application of the powder is rarely painful, and at once subdues the gnawing pain of serpiginous sores, so that the patient tolerates the temporary smarting that sometimes attends the application.

Dr. Jullien describes the experiment of Parona, of Novara, with iodoform applied to painful rhagades at the anus.

Parona found that the most effective mode of applying it was as an ointment (one part of iodoform to two parts of lard) spread on lint and inserted three times daily. The pain, especially that during defecation, is assuaged at once, spasm subsides, and cicatrization is rapid.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——"Cholera in Wheeling, West Virginia," in 1873, is the title of a paper read before the American Public Health Association, by Dr. S. L. Jepson. The cases are accurately recorded. We notice that the introduction of the disease was by river boat, in the manner so vividly portrayed by Dr. Ely McClellan, last year.

——Vick's Floral Guide for 1875: published quarterly. January number just issued, and contains over 100 pages, 500 engravings, descriptions of more than 500 flowers and vegetables, with directions for culture, colored plate, etc. A useful and elegant work. 25 cents for the year. Published in English and German. Address James Vick, Rochester, N. Y.

——"Curious Facts Concerning Man and Nature," is the title of a pamphlet by Dr. Samuel W. Francis, printed at Newport, R. I. The facts are those similarities of appearance or organization, such as Swedenborg used to illustrate his Theory of Correspondences. Some shorter papers are added.

——"Sanity and Insanity," by Dr. N. Roe Bradner, of Philadelphia, reprinted from the *Medical Times*, is a discussion of the legal significance of the terms.

——We also acknowledge:—

An Address, delivered before the McDowell Medical Society of Kentucky, by Dr. Wm. T. Briggs, of Nashville, Tenn.

Ninety-second Annual Catalogue of the Medical School of Harvard University.

Obituary Notice of Dr. Lewis P. Gebhard, of Philadelphia.

The Chemist and Druggist's Diary, 1875. Published by the London *Chemist and Druggist*. Useful for English druggists.

BOOK NOTICES.

Medicinische Novellen. Episoden aus Einer Vierzigjährigen Arztlichen Praxis. Von Dr. Bernhard Segnitz. Erste Lieferung. New York, 1875. Paper, pp. 112.

Since the remarkable book of Mr. Warren, "Diary of a London Physician," various works of fiction have appeared, the interest of which centres in some (usually rare and incorrectly portrayed) form of disease. But to do this with the intention of instructing the reader in the nature of the disease, in the manner of preventing it, and in plans of nursing in it, has not, to our knowledge, been attempted on any large scale previous to this work by Dr. Segnitz. It consists of a series of short stories, very well told, drawn, he assures us, from life, and with etiology, prophylaxis, and treatment deftly woven into the plot. Technical terms are reduced to a minimum, and the characters, in the stories we have read, are vigorously delineated. It is to be hoped that the German-reading portion of the community will encourage him to continue.

Contributions to the Annals of Medical Progress and Medical Education in the United States, before and during the War of Independence. By Joseph M. Toner, M. D. Washington, 1874. Paper, 8vo, pp. 118.

This work was originally prepared to form a part of the United States Department at the Vienna Exhibition, as illustrating the progress of education in the United States. The author having been prevented from completing it in time, the Bureau of Education, at Washington, now issues it. It is an extended and accurate record of the medical events previous and during the Revolutionary War, and contains a large amount of biographical material very difficult of access.

The States are taken up one by one, and the names of their leading practitioners at that time given, the surgeons they sent to the war mentioned, and their public medical institutions specified. Great credit is due the author for these researches into a field so little tilled as medical history, and it is to be hoped he will prosecute his studies further in this direction.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JAN. 16, 1875.

D. G. BRINTON, M.D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

Hence, Reports of the Proceedings of Medical Societies, Correspondence, Notes, News, and Medical Observations from all parts of the country are solicited and will be gladly received for publication.

☞ Subscribers are also requested to forward copies of newspapers containing Reports of Medical Society Meetings, Marriages or Deaths of physicians, or other items of special medical interest.

The experience of *country practitioners* is often particularly valuable, acquired as it generally is by independent study and investigation. The REPORTER aims especially to furnish a medium to bring this information before the general medical public, and it is a duty to the profession to publish it.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

The Editor disclaims responsibility for any statement made over the names of correspondents.

☞ NOTICE. 1875.

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ANATOMY AND PHILOSOPHY.

The disregard of those higher relations of the sciences which are embraced under the term "Philosophy," is not only common, but actually popular, in the present day. This partly arises from the love of the practical, which displays itself in the discovery and arrangement of special series of facts, or in the application of known facts to increase the comfort or the luxuries of the times; partly in a confused notion that Philosophy is somehow identical with scholastic metaphysics, and the endless sterile discussions to which they gave rise.

It is refreshing, therefore, to meet with a writer now and then who has and expresses juster views than these. Such a one is Professor Cleland, who occupies the chair of anatomy and physiology in Queen's College, Galway, Ireland. He delivered, this winter, a masterly introductory lecture (one of the few worth mentioning), in which he explains in such apt words the relation of the sciences to philosophy, that we quote some of his points:—

"Philosophy is something very different from science in the restricted modern sense. It is a word which has always been used to designate the methodical search after the highest truths which interest humanity. Before the sciences had a distinct existence, philosophy contained the germs of them in its bosom. It has been not inaptly described as the science of the sciences, inasmuch as the generalization and conclusions of the individual sciences furnish data on which it founds. It is not a structure built directly on observation of individual phenomena; such observation is not the instrument by which philosophy in the restricted sense is advanced.

"The object of philosophy is to penetrate to the unseen; to discover, as far as may be possible, the sources of all things, both of being and of good and evil; and this end is sought by processes of further generalization than those attempted by the various sciences. All the sciences are useful for philosophic purposes; none of them to be despised; and I grant it is sufficiently plain that it is a most unsafe thing for any man to speculate on the nature of matter who has taken no trouble to inform himself as to what is known of the phenomena of the

thing about which he talks. But it is not only the external world which has to be taken into consideration by the philosopher; the media through which the mind has cognizance of an external world, and the nature of that mind which takes cognizance, must also be made the subject of investigation. Therefore, psychology takes its place as one of the most important bases from which the philosophic structure must spring; and you will perceive that no man has a right to put himself forward as an authority on questions of philosophy, on the mere strength of having spent his life in physical science."

This lucid statement vindicates the rightful position of philosophy, and shows that no student of science can sneer at it, or speak otherwise disrespectfully of it, without exhibiting his own ignorance of what he is talking about. The same statement of its true position was made years ago by Professor Ferrier; not Dr. Ferrier, but the late Professor of Moral Philosophy at St. Andrews. He says:—

"Let it be distinctly announced that the object of philosophy is the correction of the errors of ordinary thinking; it is the substitution of true ideas, of necessary truths of reason, in the place of the oversights of popular opinion." (*Institutes of Metaphysic*, pp. 36, 37.)

Now, whoever sets about this sort of work is not adding to all that rubbish that the old metaphysicians heaped up, but is sifting out the chaff that prejudice, ignorance and laziness have left mingled with right observations.

Dr. Cleland, in the same address, makes a very pregnant remark on the philosophy of development. He says:—

"I have no hesitation in stating, that the study of anatomy, especially comparative anatomy, affords the most incontestable proofs of the existence of Deity, and that to espouse a contrary belief is to occupy a position from which it is impossible to appreciate morphology. If I find in a series of animal forms, arranged according to their places in an ascending scale, that the structures exhibit the evolution of a harmonious plan to which adaptation to external circumstances plays a mere subordinate part, then I must at once acknowledge an intelligent source, and that is just what I venture to say that no unprejudiced student of comparative anatomy can fail to see. Even in mere human anatomy, what we call serial homology points to the same thing. Those of you who have studied the skeleton are familiar with the correspondences of one segment with another, and more particularly with the accurate correspondence of the bones of the hand and the foot; and you will judge rightly that nothing but a purely morphological unity of design will account for the detailed correspondences in two structures placed in the same organism and fitted for widely different purposes."

So far as a study of these morphological relations is entered upon with a view of "proving the existence of a Deity," we think very little of them. John Stuart Mill has well shown, in his essay on "Theism," that the argument from contrivance and design is only valid when we consent to entertain the idea of a Deity who is unable to control matter and force in any of their properties. Nature, *per se*, never points to God, nor can it. But as bearing upon a history of development, Dr. Cleland's remark is noteworthy. The theory that a scheme of development extends beyond the demands of function, beyond the immediate necessity of the individual or his prospective necessities as defined by his genealogy, is wholly antagonistic to the evolutional hypotheses of Darwin, Spencer and Hæckel. It is more in accordance with the doctrine of "archaic types" and "developmental ideas" of Professor Laycock. The question deserves the most attentive consideration, and at present it seems to us the evidence is against Professor Cleland's views.

Notes and Comments.

Truth and Temperance.

A paper in Ohio is after us with a sharp stick, for our review of Dr. Edmunds' "Medical Use of Alcohol" (vol. xxxi, p. 474), where we say that more truth telling will not hurt the temperance cause. Our critic says:—"To Dr. Edmunds' statement that 'physicians of the last generation killed nine patients for every one that they cured,' meaning, of course, by the using of alcohol as a medicine, the *Reporter*

says: 'To our thinking, it is a reckless and a false statement.' * * * * * As to the statement implicating the veracity of temperance lecturers, 'to our thinking it is a reckless and false statement.'"

So much from our critic. Now he has either never read Dr. Edmunds' book, in which case he had no business to object to our criticism, or else he illustrates the absence of truth-telling we complained of, because Dr. Edmunds expressly says, in the statement we quote, that the old physicians did not use "brandy, nor ale, nor wine, but mercury, bleeding and starving," and *thus* killed nine out of ten! Will not our Cleveland critic at least make a trial of the merits of truth in his cause, and acknowledge that this beats him?

Vegetable Tissues for the Microscope.

Dr. W. G. Harrison, of the Maryland Academy of Sciences, reports that the Committee of Biology and Microscopy, while pursuing the subject of improvement in preparing and mounting subjects for the microscope, discovered a new mode of preparing fresh vegetable tissues. This process is briefly described as follows: First, the specimen, say a leaf, is decolorized, by soaking in a solution of chlorinate of soda. Second, the soda remaining in the leaf is removed by washing in water. Third, the leaf is then washed first in dilute alcohol, increasing its strength gradually until the water is removed. Fourth, the specimen is submitted to one of the staining fluids known to the art; aniline blue is generally used, and was selected for the slide shown by the doctor. If too much color is given it can be partially removed by alcohol. Fifth, a solution of oil of cloves is used to remove the alcohol. Sixth, the leaf, being properly prepared, is mounted with Canada balsam.

Hygiene.

Governor Dix, of New York, said, in a recent address to the graduating class at the Albany Medical College:—"A suggestion I desire to make is this: that while chemistry and physiology have opened to the department of therapeutics a field of investigation unknown to the ancients, the principles of hygiene have not been studied with the same care, except during the last few years, on a large scale, in their application to communities and aggregations of men, rather than to single individuals. The theory of this system is to prevent disease instead of curing it, and the former is as much the province of the physician as the latter. This was one of the chief aims of that celebrated, I might say that unrivaled, school of Salernum, which held undisputed dominion over Europe throughout the middle ages in all that related to medical science and practice."

Lead Colic.

In lead colic, M. Millard, of the hospital Lariboisiere, prescribes the sulphuric acid lemonade of the French Pharmacopœia, which is composed as follows:—

℞.	Sulphuric acid,	gram. iij.
	Common syrup,	gram. lx.
	Water,	litre j.

Half a litre to be taken daily.

In the morning the patient is to have a saline purgative, and during the day a pill of belladonna extract, in doses of two-thirds of a grain three or four times a day. Frictions to the abdomen, with an ointment composed of extract of belladonna or of hyoscyamus, one and a half drachms to an ounce of hog's lard. Should these means fail to produce any amendment, he recommends hypodermic injections of morphia, morning and evening.

A Case of Demonomania.

A curious case of what is sometimes termed demonomania was related not long since, at the Clinical Society of London, by Dr. Buzzard. The patient was a gentleman, aged forty. For four years, he was forcibly fed, dressed, and cared for, and during that time he did not speak. Only liquid and semi-solid food could be given to him, and of this large quantities were administered; but he rejected a considerable portion of each meal. By perseverance, however, in feeding, his life was sustained; but his weight fell from 165 lbs to an average of 105 lbs, and on one occasion to less than 98 lbs. In May last, he suddenly woke up, as it were, into social life, spoke, ate, and, although scarcely able to move at first, rapidly regained health, weight, and complete mental soundness, in which condition he now remained. Asked to explain his behavior, he said that he was under a profound sense of personal degradation. He felt that he was growing into a kind of monster, unfit to live or even to be seen; that the birds on the trees were mocking at him, and that he was surrounded by devils. Dr. Buzzard said that the course and mode of termination of the

case made it evident that the lesion was not of a destructive character, but must have been "functional" or "dynamic."

The Treatment of Phthisis.

The treatment of phthisis, according to Dr. Pietra-Santa, of Paris, can be summed up as follows: 1. Hygienic measures to be strictly attended to throughout the different stages of the malady, such as pure air, good substantial food, tonics, moderate exercise, milk diet, etc.; 2. To utilize the changes effected in the organism by the mineral waters (sulphurous, arsenical, chlorides); 3 To take advantage of the salutary effects of change of climate by a residence in the temperate climates of the South of Europe in winter, and mountainous countries in summer; 4. To neutralize the morbid ferments engendered in the organism by purulent absorption, which takes place during the period of the *ramollissement* of the tuberculous matter. This, according to M. Pietra-Santa, is best effected by the administration of the alkaline and earthy hyposulphites and sulphites. 5. Complications which are inseparable from the affection ought to be treated according to the indications present.

The Health and Climate of San Francisco.

By the last report of the health officer of San Francisco, Dr. Henry Gibbons, Jr., the mortality among the Chinese reached thirty-two per thousand, against nineteen per thousand in the American population. Many of the former died of consumption, to which they seem to become victims more readily in California than in China. Dr. Gibbons reports "an extraordinary number of suicides and homicides," "out of all proportion to the growth of the city." The climate of San Francisco is less in its annual range, but apparently more sudden in its diurnal changes than the eastern cities. Only twice during the year did the thermometer mark over 80° Fahr.

Discreditable.

We regret much to notice the following advertisement in a Wilkesbarre paper:—

"Dr. ———, of Baltimore, the celebrated oculist, and aurist, and physician, in charge of the ——— Eye and Ear Institute, will again visit Wilkesbarre, Saturday, Dec. 19th, and can be consulted that day, from 2 P. M., at, etc."

These peripatetic eye doctors should be shunned by the respectable part of the profession.

Correspondence.

Dysmenorrhœa.

Ed. Med. and Surg. Reporter:—

In the last (December 12th) number of your excellent journal, I noticed the report, by Dr. R. H. Hinton, of a case of dysmenorrhœa, caused by a constricted condition of the os uteri; and which was relieved by dilatation. I have a case of the same nature, complicated with complete anteflexion, of some years' standing, and which has, hitherto, resisted all treatment. My patient is about twenty-five years of age; of nervous temperament, and delicate constitution; is married, but has never become enceinte. The anteflexion is so complete, that the anterior portion of the os is almost in contact with the fundus uteri. With some difficulty, I can replace the organ in its proper position, but can devise no means to keep it there. I have dilated the os and neck to the size of one-half inch bougie, but only with temporary relief. This lady suffers intensely at each period of menstruation, which is perfectly regular and healthy in other respects. Is subject to leucorrhœa. Any suggestions for the relief of this unfortunate lady will be thankfully received. Would Babcock's supporter, with an anteflexion cup, be of any benefit in retaining the uterus in its proper place? D. C. McCampbell, M. D.

Watson, Miss.

[Thomas' anteversion pessary would probably answer.—Ed. Reporter.]

Therapeutic Value of the Fresh Pecan in Subacute Diarrhœa.

Ed. Med. and Surg. Reporter:—

On the 19th day of August, 1865, I reported to the commanding officer, at Memphis, Tenn., direct from New York City, and was forthwith duly installed First Assistant Surgeon to the Third U. S. Artillery (heavy).

I began this journey in the prime and vigor of health, during the heat of the season, traveled west and south more than two thousand miles, making only short calls with some friends along the route, in order to break, somewhat, the suddenness of transition from the latitude of New York to that of the Valley of the Mississippi, in lat. 34° 30′ N. The weather was dry, dusty, and intensely hot; the dust augmented thirst; the waters were low, and almost supersaturated with the salts of their various localities. Desperation overruled discretion, and I drank freely, and, to my surprise, the thirst increased with each potation.

As you might expect, an obstinate diarrhœa was my daily companion. For many weeks a constant *running* fight was kept up between symptom and antidote, neither gaining the ascendency, but my forces were, nevertheless, being rapidly decimated.

My limbs grew flabby and shrunken,
My eyes grew blear and sunken,
A-drinking water.

In this condition I accompanied a small expedition into the swamps of Arkansas, and took *on* an additional intermittent fever, which I soon controlled by swallowing daily one heroic dose of the sulphate of quinine, say two or three scruples. I did not weigh them, but I think I am safe in stating that an ounce bottle would make ten or twelve such doses. Three or four of them did not only break the chills, but they also relieved me from the humming annoyance of the mosquitoes, whose *preying* is bliss compared with their *singing*.

In ten days both my hearing and the mosquitoes returned unimpaired, but the chills did not. I had been weak before, now I was almost as helpless as a child, and was obliged to crawl up some friendly object, lacking the strength to spring up like a man. Fall was approaching, and so was I, the "saddest of the year."

I was excused from duty for a few days. I found my way to the friendly shade of some pecan trees (*carya oliviformis*) which were now dropping their nuts and leaves promiscuously. I filled my pockets with the nuts and strove to drive dull care away by cutting and removing the soft shell from the kernel, and eating the latter. Before the forest was entirely stripped of its foliage and mast, my *loose* habits were partially corrected. A month later I was entirely well, having gained flesh and buoyancy of spirit.

May it not be that the tannic acid of the fruit, or nut, was just sufficiently astringent to control, and finally cure, the subacute diarrhœa?

Pennsylvania. A. D. Binkerd, M. D.

News and Miscellany.

Hospitals in Pennsylvania.

The message of the Governor of Pennsylvania, published last week, contains some notice of the medical affairs of the State.

Attention is called to the State Hospitals for the Insane, and to the new Hospital in course of construction at Warren, which is making rapid progress, and will be a good building, economically and scientifically. On this general subject the message says:—

"The wards of the other State hospitals are crowded, and the speedy erection of the one at Warren will afford relief to a large number of insane who need attention. The numerous cases of insanity in the poor-houses of the eastern part of the State, and the twelve hundred helpless and demented creatures huddled together in the Philadelphia Almshouse, where the meagre accommodations and the enforced association aggravate rather than mitigate their misery and disease, should be included in the beneficence and care the Commonwealth is extending to this afflicted class of her citizens. As soon as the finances permit, a State hospital should be erected at some convenient point, where the insane of the city and adjoining populous counties could be sent for treatment."

Portrait of Professor Gross.

An artist of this city has engraved on stone an admirable likeness of Professor Gross. It can be obtained through this office. Size 12x16 inches. Price, postpaid, 50 cts.

A Specimen of Nomenclature.

Our chemical readers will doubtless be pleased to learn that a series of acids have been investigated by M. Hayduck. One is orthoamidotoluenesulphonic acid; and another diazorthoamidoparatoluenesulphonic acid. A knowledge of these is not indispensable to the practice of medicine. The action of tin and hydrochloric acid on nitrobromacetanilide gives rise to the hydrochloride of ethenylbromophenylenediamine.

Worthless Quinia Pills.

At a late meeting of the Pharmaceutical Society of this city, Dr. Miller cautioned against the purchase of cheap sugar-coated quinia pills. There were in the market 45,000 such pills which do not contain a trace of quinia. They were made from muriate of cinchonia, furnished by a New York house as sulphate of quinia to some of the makers of sugar-coated pills, and by them thrown back on the hands of the dealer, upon the discovery of the fraudulent nature of the article.

Personal.

—A Bridgeport, Ct., doctor has died of inhaling ether he was giving a patient.

—Miss Harriet Hunt, M. D., of Boston, died recently. She had a Philadelphia diploma.

—Dr. J. Solis Cohen has been recently elected one of the visiting physicians to the German Hospital.

—Dr. B. R. S. Bœmond, of Jacksonville, Florida, was shot dead in the streets of that city, early last month.

—Dr. Leudet, physician in chief to the Hotel Dieu, of Rouen, died in December. He was Dean of the Medical School of that city.

—Dr. Bardinet, Director of the Preparatory School of Medicine at Limoges, also died about the same time.

—Recent advices from Djeddah state that Dr. Pasqua, the sanitary inspector of the Red Sea districts, has been studying the nature and progress of the outbreak of plague at Beni-Chehir, in that locality. He has convinced himself that the disease is the bubonic plague.

—Recent mails advise us of the death of M. Husson, well known in connection with the hospitals and charitable institutions of France, of which he was for several years the principal director. He was a member of the Institute, and, though not a member of the medical profession, he contributed not a little to the knowledge of the hygiene of hospitals and to the improved condition of the patients, on which subject he published a most interesting work.

An Advertising Doctor in 1700.

The *Flying Post*, January 6, 1700, contains the following advertisement: It presents an idea of the medical practice of that date perhaps but little understood.

"At the Angel and Crown, in Basing-lane, near Bow-lane, liveth J. Pechey, a Graduate in the University of Oxford, and of many years' standing in the College of Physicians in London: where all sick people that come to him, may have for sixpence a faithful account of their diseases, and plain directions for diet and other things they can prepare themselves. And such as have occasion for medicines may have them of him at any reasonable rates, without paying anything for advice. And he will visit any sick person in London or the Liberties thereof; in the daytime for two shillings and sixpence, and anywhere else within the bills of mortality for five shillings. And if he be called in by any person as he passes by, in any of these places, he will require but one shilling for his advice."

Items.

—A large number of cats in the vicinity of Richmond, Va., have recently died from what is supposed to be trichina.

—Dr. Chenu reports that during the Franco-German war the French lost 138,871 men, by wounds or disease. This includes 2818 officers. The Germans lost 40,741.

—The post of head apothecary to the Paris Assistance Publique has been obtained by a gentleman possessing the appropriate cognomen of *M. L'Extrait.*

—From recent experiments, Professor Lister has, we are informed, arrived at the conclusion that the septic matter present in water is not in solution, but consists of insoluble particles, which are held in suspense.

—The Registrar reports that the deaths in Philadelphia during 1874 amounted to 16,315, and of this number, 7943 were adults, and 8372 were minors; 4454 were boys, and 3918 were girls. Of the whole number, 11,239 were natives of the United States; 3578 were of foreign birth, and 689 were unknown.

QUERIES AND REPLIES.

Injection Brou.

Dr. A. L. K., of Kentucky.—"Can you tell me of what this nostrum for gonorrhœa is composed?"

[It is alleged to contain, as its chief ingredient, the green rind of the French walnut, the *Juglans Regia.*—EDITOR.]

Cholera.

Dr. S. P. K., of Ind.—The heaviest mortality from cholera, in Europe, so far as we can find, occurred at Leeds in 1821, where, according to Dr. Thackray, forty per cent. of the population were attacked by the disease, and the majority of the cases proved fatal.

Dr. Stephanus—We have learned nothing further of the drug.

Dr. G. D. wishes the experience of others as to the best local treatment for follicular ulcerations of the colon.

OBITUARY.

A. SYDNEY HOUGHTON, M. D.

The many friends of Dr. A. Sydney Houghton, formerly of Pawlet, will be surprised to learn of his death, which occurred suddenly, from heart disease, at Bellville, Jefferson county, N. Y., Nov. 10th, 1874. Dr. Houghton was a native of Ellisburgh, N. Y., and at the time of his death was 57 years of age. He studied medicine and graduated at Castleton Medical College, in 1844. He first commenced the practice of his profession at Middle Granville, N. Y. In 1846 he removed to Pawlet, where he continued in successful and lucrative business until 1872, when he removed to Bellville.

Dr. Houghton was a man well-known in the county, and held many positions of trust, conferred on him by his fellow citizens. He represented Pawlet in the legislature in 1862 and 1863.

MARRIAGES.

KELLOGG—OSTROM.—On Thursday, December 10, 1874, at the residence of the bride's parents, by the Rev. Isaac L. Kipp, Charles M. Kellogg, M. D., of Fordham, N. Y., and Miss Lizzie, daughter of Alfred Ostrom, Esq., of Stockport, Columbia Co., N. Y.

LOGAN—WAMPLER.—On Wednesday, 2d ult., at the home of the bride, in Oxford, O., by Rev. J. M. Wampler, James M. Logan, M. D., of Fairhaven, O., and Miss Sarah Belle, daughter of the officiating clergyman.

MCAULEY—TINDALL.—On the evening of the 16th ult., in the Fifth Reformed Presbyterian Church, York street, by the Rev. A. G. McAuley, D.D., father of the bridegroom, assisted by the Rev. Drs. Sterrett, Woodside and Parsons, James A. McAuley, M. D., and Miss Nellie C. Tindall, youngest daughter of Benjamin Tindall, Esq., all of this city.

WRIGHT—GATCHELL.—On the 4th Dec., by the Rev. Robert Gamble, Dr. John S. Wright and Mary H. Gatchell, both of Gatchellville, York county, Pa.

DEATHS.

BARROWS.—In Cincinnati, O., on Tuesday morning, Dec. 15, at quarter to 2 o'clock A. M., George Archie, infant son of Mary J. and the late Dr. George Barrows, aged 1 year, 3 months, and 19 days.

CORSON.—At Trenton, N. J., on Saturday afternoon, January 2d, Caroline Steever, daughter of Dr. Thomas J. and Mary K. Corson, in the 17th year of her age.

KENNEDY.—In Oxford, Chester county, Pa., on November 18th, Mrs. Harriet P. Kennedy, wife of D. D. Kennedy, M. D., in the 41st year of her age.

SMITH.—At his residence, Mount Vernon, Ohio, Dec. 15, Dr. Harvey W. Smith, in the 49th year of his age.

THOMPSON.—In this city, on Wednesday morning, the 23d Dec., at 10 o'clock, of scarlet fever, Willie, eldest son of Dr. John H. and Anna C. Thompson, aged 3 years and 10 months.

MARVIN.—On Wednesday, Dec. 23, at his residence, No. 33 Henry street, Brooklyn, George Marvin, M.D., aged 76 years and 10 months.

WALKER.—In this city, on the morning of the 24th Dec., Jennie S., wife of J. Newton Walker, M. D., and only daughter of Alexander Whilldin.

WARDER.—In this city, on Saturday evening, the 12th of Dec., of scarlet fever, Willie Peyton, son of Dr. Wm. H. and Josephine B. Warder.

THE

MEDICAL AND SURGICAL REPORTER.

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Communications.

THE FULCRUM AS AN AID TO MANIPULATION IN THE REDUCTION OF DISLOCATIONS OF THE HIP JOINT.

BY GEORGE SUTTON, M. D.,
Of Aurora, Indiana.

On the 13th of March, 1868, I was called to attend a boy, eight years of age, who had received a severe injury in one of our extensive cooper shops, in the city of Aurora, Ind. An examination revealed dislocation of the right hip joint. He had all the usual symptoms of dislocation of the femur upon the dorsum of the ilium. I at once attempted to reduce it by manipulation, but found a difficulty in raising the head of the bone over the rim of the acetabulum; the bone repeatedly glided away, preventing me from effecting reduction. I sent for chloroform, thinking it probable that I should have to resort to extension and counter-extension. Before its arrival, however, it occurred to me that I might overcome the difficulty I had met with, elevate the head of the bone, and have more control over its movements, by placing some firm substance in the groin, which would act as a fulcrum while I moved the leg over it as a lever. A piece of old cloth was procured, which was rolled up firmly and tied, making a roll between nine and ten inches long and about four inches in thickness. This support was firmly held in the groin while I flexed the leg over it upon the abdomen; the knee was then moved outward, which guided the head of the bone inward and over the acetabulum, a slight movement upward of the knee, and the bone glided into its place with the usual sound heard in the reduction of dislocation of the femur.

The dislocation was reduced by the aid of the fulcrum in less time than I could describe the manner in which it was done. The ease with which I manipulated the reduction of this dislocation by the aid of the fulcrum, without the assistance of chloroform, appeared to me to show clearly that the fulcrum must be a valuable aid to manipulation in reducing dislocation of the hip joint. I published the case in the *Western Journal of Medicine*. It may be found in the September number for 1868. Since that time I have given this subject much thought, and have become now fully convinced that this aid to manipulation in reducing dislocation of the hip joint has not received from the profession the attention which it deserves. Few physicians in private practice have opportunities of seeing dislocations of the femur so frequently that they can, in a few years, present a long array of cases to show either their success or failures in attempting to reduce them. But I have recently had another opportunity of reducing a dislocation of the hip joint, which, from the difficulty encountered by two practicing physicians, one of them a gentleman of age and experience, in attempting its reduction first by manipulation and next by extension and counter-extension, makes it one of peculiar interest, in showing how easily a bad dislocation of the femur may sometimes be reduced by manipulating the limb over a fulcrum.

On the 21st of September, 1874, about half-past ten, A. M., the street commissioner of the

city of Aurora, Indiana, age 65 years, while giving directions, and at the same time working at an embankment in a stooping position, was suddenly forced to the ground by a large mass of earth falling upon his back and hips. When he was lifted up it was found that he was badly injured and unable to walk. A physician, who was standing near the place at the time, gave him a dose of morphia, and assisted in conveying him home, a distance of about three hundred yards. His family physician, Dr. A. B. Haines, was immediately sent for. These gentlemen soon detected dislocation of the femur, backward and upward upon the dorsum of the ilium. They administered chloroform and proceeded at once to reduce it by manipulation, but not succeeding after repeated and continued efforts they concluded to try extension and counter-extension. Jarvis' adjuster, an instrument which Dr. Haines is the owner of, was sent for; with it they applied all the force they thought prudent, without effecting reduction, and after resorting to every means which their ingenuity could devise, both by manipulation and traction, Dr. Haines requested the friends to send for me; this was at 2 P. M., three hours and a half after the accident. I immediately visited the patient, accompanied by Dr. W. E. Sutton. We found him lying upon his back, still partly under the influence of chloroform. The two physicians were present, Jarvis' adjuster lying upon the floor, and a number of citizens were standing by the bed ready to render again any assistance necessary. The case was a clear one of dislocation of the left femur backward and upward upon the dorsum of the ilium. Dr. Haines informed me what they had done; that in their efforts to reduce the dislocation by manipulation they had several times succeeded in bringing the head of the bone to the rim of the acetabulum, but it would glide away again, and at one time it passed into and lodged in the ischiatic notch. The Doctor succeeded, however, in removing it from that position back again to the dorsum of the ilium. With Jarvis' adjuster, he informed me that they had no better success, although they had applied great force, a force sufficient to break the straps belonging to the instrument. The case was regarded as a difficult one, as it had resisted all the usual means recommended in our surgical works to reduce dislocation of the femur. As this was another opportunity of trying the fulcrum as an aid to manipulation in reducing dislocation of the femur, and this, too, after other means had failed, I procured a piece of muslin, rolled it up firmly and had it tied, making a roll about ten inches long and about four inches in thickness. The patient was again brought fully under the influence of chloroform; this was effected in a few minutes, as he was at the time partly under its influence. The roll of muslin, which was firm and dense, I placed in the groin, and one of the physicians retained it in its proper place. I then, standing on the right side of the bed, flexed the thigh upon the abdomen over this support, for the purpose of raising the head of the femur; next moved the knee outward to produce inward motion of the head of the bone toward the acetabulum; then, with my left hand guiding the knee and my right hand holding the foot, as the leg was kept at right angles to the thigh, I slightly elevated the knee, at the same time gently rotated the foot and leg from side to side, and the bone glided into its place with a sound heard by all in the room, and an exclamation was made, "all right now."

The reduction of this dislocation, after I took hold of the limb, probably did not occupy but a few seconds, and was accomplished, I think, within ten minutes from the time I entered the room. The slight movement of the foot and leg from side to side was intended to enable the head of the bone to pass by any obstructions, but no serious resistance was presented by either the capsular ligament or muscles. The movements of the head of the femur appeared to be perfectly under my control. The bone was guided or rather glided to the socket along the line of least resistance, scarcely requiring any force, and was elevated over the rim of the acetabulum with the greatest ease. The force by which the bone was thrown out of place must have produced severe injury to the capsular ligament, the muscles and nerves, from the soreness which continued around the joint for several weeks, and also from the severe neuralgic pains along the leg that followed. The patient, however, recovered in about eight weeks, and is now again attending to business.

Was the ease and facility in reducing these two dislocations by manipulating the femur over a fulcrum merely accidental? or are we to regard the fulcrum as a valuable aid in reducing dislocation of the hip joint? Two cases, we know, will be considered of but little importance in deciding this question. Still these two

cases are facts which, when accompanied with proper reasons for their success, most clearly show that the fulcrum is an aid to manipulation in reducing dislocation of the hip joint, well worthy the attention of the surgeon, and that it is a power that may be used successfully in the reduction of dislocations when other means fail.

Whether we regard the obstruction as arising from the resistance of the muscles, or from the ilio-femoral ligament, or from the peculiar "button hole" rent in the capsular ligament through which the head of the bone is forced, we believe that this aid to manipulation will be found to be an effective means of overcoming either one of these difficulties, by giving us a directive power and more perfect control over the movements of the head of the bone. The want of this control has been the great difficulty in reducing dislocations by manipulation; the bone is liable to be turned aside by the least obstruction, and thrown into different positions, passing into the ischiatic notch, as in the case reported, or into the foramen ovale, or from one of these positions to the other, and we know that the want of this directive power is sometimes the cause of extensive contusions and lacerations, by the head of the bone rolling around the cotyloid cavity in our efforts at reduction; but the principal difficulty which the fulcrum overcomes is in raising the head of the bone over the rim of the acetabulum; this it easily does, at the same time gives us control over its movements as certainly as the movements of one end of a lever are guided by those at the other. We can apply a force sufficient to break up extensive adhesions in old dislocations, and also a force so gentle as to enable the bone to return along the course which it followed when forced from the cotyloid cavity, and if resistance is presented, we can change the direction of motion, either by a slight movement of the knee or foot. I think that it will be found that in nearly every case, if we place the head of the bone directly over the cotyloid cavity, the action of the surrounding muscles will reduce the dislocation, even to drawing the bone back through a "button hole" rent in the capsular ligament; but if obstructions prevent, by simply raising or lowering the knee, we move the head of the bone backward or forward; by moving the foot from side to side (as we keep the leg at right angles to the thigh), we give the head of the bone a lateral motion. This double lever power, by directing these movements, must assist in disengaging the head of the bone from obstructions and enable the internal and external rotators and surrounding muscles to draw it back to its proper place. We know that at the moment of reduction, in the language of Wathman, "a self-twisting of the thigh occurs, which cannot be prevented by fast holding."

By the usual method of manipulation, a very large number of cases of dislocation of the hip joint may be reduced with but little trouble; but cases occur under the management of the best surgeons where this plan fails, not only from the difficulty in raising the head of the femur over the rim of the acetabulum, but also from slight obstructions turning aside the head of the bone from its proper course. It is in such cases that the fulcrum becomes a valuable aid by enabling us to raise the head of the bone to the desired height, at the same time guide and control its movements, presenting a means which no other can accomplish so well in guiding and controlling the head of the bone, varying from the gentlest pressure to all the force required, giving perfection, we think, or at least more certainty to manipulation.

The fulcrum, to be effective, must be of the right size, neither too large nor too small, too hard nor too soft. It must be of sufficient firmness to give the proper support. It must be firmly retained in its proper place. We must clearly understand the direction the head of the bone should be moved to effect reduction; then we think the fulcrum will be found the best means known to enable us to give direction to the lever power of the limb, and gently guide, not roll, the head of the bone to its proper place. A little reflection will show that it may be equally applicable as an aid to manipulation in reducing the different forms of dislocation of the hip joint.

The following summary presents in a few words the matured plan for reducing the different forms of dislocation of the hip joint by manipulating the femur over a fulcrum, and shows also how we prevent the irregular and uncertain motions produced by the usual modes of manipulation; how we raise the head of the bone over the rim of the acetabulum; free it from obstructions or a rent in the capsular ligament, and direct it to its proper place.

1. Let the femur be flexed over the fulcrum of a proper size, which must be firmly held in the proper place. Keep the leg at right angles to the thigh, with the right hand on the bottom of the foot and the left at the knee, then—

2. For reduction of a dislocation backward and upward on the dorsum of the ilium, let the femur be flexed over the fulcrum; this raises the head of the bone so as to enable it to pass over the rim of the cotyloid cavity; then move the knee outward to direct the head of the bone inward over the acetabulum.

3. For dislocation into the ischiatic notch flex the femur over the fulcrum as before, which will lift the head of the bone out of the ischiatic notch, at the same time raise it high enough to pass the rim of the acetabulum, then move the knee outward to place the head of the bone over the cotyloid cavity.

4. For dislocation into the foramen ovale repeat the same flexion over the fulcrum and move the knee inward; this motion raises the head of the bone out of the foramen ovale, at the same time moves it over the acetabulum.

5. For dislocation on to the pubis repeat the same motion as that for dislocation into the foramen ovale.

If the bone is entangled in muscular fibres, or does not pass through a rent in the capsular ligament (button hole rent), move the knee upward and downward, the femur being over the fulcrum, which will give a vertical motion to the head of the bone. If this motion, by the aid of the surrounding muscles, does not release it from the capsular ligament, move the foot from side to side, the leg being kept at right angles to the femur, which gives a lateral motion to the head of the bone.

The fulcrum, aided by the double lever power of the limb, enables the surgeon to produce all the movements necessary to effect reduction of the different forms of dislocation of the hip joint.

It appears to me something remarkable that an aid to manipulation in the reduction of dislocation of the femur so simple, and yet so effective, so obviously increasing our power in guiding the head of the bone to its desired position, and raising it over the rim of the acetabulum, one that completes the mechanical power in giving certainty to the movements of the head of the bone while using the leg as a lever, should have received from the profession so little attention. Its efficacy seems to have either been overlooked or not regarded as worthy of consideration.

The plan proposed by Sir Astley Cooper for the reduction of that form of dislocation of the femur into the foramen ovale, by the band and pullies, and using the leg as a lever, and also that of Dr. Brainard, of Chicago, for the reduction of the same form of dislocation, will be seen at once to be entirely different from the one which I present. Dr. Brainard placed a piece of wood, wrapped with several layers of wadded quilt, between the thighs, while the legs were pressed together, keeping the knees at the same time straight. This plan, as well as that of Sir Astley Cooper, is using the fulcrum as a means of replacing the bone by force, as we use the fulcrum in the reduction of the elbow and shoulder joints. We wish to direct attention to the fulcrum, not as an aid in reducing dislocations by force, but as an aid in guiding the bone back, by gentle means, to its proper place. Its efficacy appears to me so clear that I think it will be shown in the future that in the reduction of *all forms of dislocations*, *whether* of the femur or humerus, where manipulation is applicable, the fulcrum, in giving direction power, will prove to be an invaluable aid.

If luxations of the femur were of daily occurrence in my practice I would not think of bringing this mode of reducing them before the profession until its efficacy had been thoroughly tested by trial in a large number of cases, but years might pass away before opportunities present to prove their value, and as the subject is an important one, and occasionally dislocations of the femur occur, the reduction of which is found extremely difficult even by our most skillful surgeons, I direct attention at once to this subject, and respectfully ask that in those cases of luxation of the femur which resist the usual modes of reduction by manipulation, the surgeon, before resorting to violent extension, and counter-extension will make a careful trial of the fulcrum as an aid to manipulate the bone back to its proper place.

MATERIA MEDICA AND THERAPEUTICS ONE HUNDRED AND FIFTY YEARS AGO.

BY F. A. HASSLER, M. D.,

Of Philadelphia.

The learned Mon. Tournefort published his work on Materia Medica about the beginning of the Eighteenth century.

He divided medicines into those that evacuate, and those that alter without an evacuation. Evacuating medicines are such as manifestly

expel the humors out of the body; and altering medicines are such as "change the qualities of the humors, and reduce them to their natural state." Mon. Tournefort tells us that "it is very probable that all sorts of mixed bodies, whether animal, vegetable or mineral, are compounded, and actually consist of four more simple bodies, which we call principles, viz., water, earth, sulphur and salt." Water and earth were known to every one, and needed no description, but salt was said to be of several kinds, viz., urinous, acid, alkaline, and artificial. Sulphur was described as "being a body, or substance, inflammable, fat, or clammy; such as is conspicuous in bitumen, or Jewish pitch, petroleum, or oil of rock, turpentine, common pitch, and oils drawn by expression from the seeds of plants, and others of that nature."

Purging medicines were divided into four classes, each of which acted upon its own humor. These predominant humors were the cholerick, a cholagog discharging this from the body; the phlegmatic, which was attended to by a phlegmagog; melancholic humors by a melangog; and the superfluous serosities of the blood being discharged by hydragogs. The author whom we have mentioned thought that it was a "great deal more probable that all the offending humors, whether they abound with too much sulphur or salt, or any forcing parts, are indifferently, by virtue of all sorts of purging medicines, rarified, attenuated, and converted into a copious thin serum, and so forced and expelled out of the body." The theory of the action of cathartics was thus given: "so soon as cathartics have arrived at the stomach and intestines, their saline sulphurous particles do instantly commence a fermentation with the arterial blood and spirits, wherewith the fibres of those parts are plentifully stored or furnished, whereupon they are stirred up to undergo greater than ordinary commotions, by which means they do variously compress the several glands that are scattered in the intestines. * * * * * * While these things are thus acting in the glands of the ventricle and intestines, the thinner part of the cathartic tincture makes its way through the chyliferous ducts, and so passing into the blood it raises a new fermentation, by which means the foreign and extraneous parts of the blood (not much unlike the scum or froth of boiling liquors) are by degrees separated from the rest, and are discharged through the passage of the intestinal glands."

The principle of osmosis, and many other now well-known facts in regard to anatomy, physiology, and the real nature of the medicines themselves, were hidden from our ancestors of one hundred and fifty years ago.

The manner in which diuretics were supposed to act was so peculiar and so strange, that I have made the following long extract from a learned work published in 1720. "To make this intricate matter appear more clear and intelligible, let us consider, 1. That the air is a principal actor in all the natural secretions or separations performed in the body. 2. That the passages and pores of the glands being like so many small sinuous or winding pipes, are furnished with a natural or inbred serum, of the same nature of that which ought to be separated; wherefore the *air insinuating itself transversely* into the mouths or orifices of these passages, presently acquires such a disposition or *confused motion*, whereby it is turned and whirled several ways, much after the same manner as the extremities of small water-pipes are observed to make the water contained in them spurt or spin out impetuously in various confused streams, viz., high and low, and on all sides; wherefore, if the pores of the serum arriving at the mouths or orifices of the glandular passages, should answer to the pores of their inbred serum, they will be easily transmitted by the air so disposed, so that the particles of the transmitted serum will be received within the pores or passages of the gland; but the other particles of the blood approaching to the same orifices, will be violently expelled and forced back again to some distance by the air striking upon their solid parts, much after the same manner as cherry stones are violently darted from the fingers' ends. While matters are thus acting, it is easy to imagine that the reins at the same time are besprinkled with urine, the liver with cholor, the glands of the skin, palate, and other parts with sweat, spittle, and other analogous liquors, according to the various disposition and fitness of the glandular pores to receive the diffuse analogous serum, much after the same manner as two funnels or filters made of spongy cap-paper, whereof one has been employed in filtering or straining oil and the other water; now if you should pour a mixture, made of equal parts of oil and water into the oily filter, nothing will pass through it besides the oily part of the mixture, the watery part remaining behind, but the same

mixture being poured into the watery filter, nothing but the watery part will pass through, the oily part staying behind."

The theory of the elective action of the different glands, is given quite lucidly in the latter part of this quotation, but the separating and secreting action of the air, with its "confused motion," is, as a Scotchman would say, "all in a muddle."

Having thus given the ideas of some of the great masters of Medical Science in regard to the action of certain classes of medicines, I will now take some special medicines.

Gold was recommended for those who had taken too much mercury, and the reason given was that "gold and mercury amalgamate well." Fulminating gold was given to "drive out ill humors," because it volatilized by the heat of the body, and they escaped with it. Dr. Lemery said, in 1720, "that we need not fear lest aurum fulminans taken inwardly and heated in the stomach should cause such a detonation there as it does when set over a fire in a spoon, *for so much the more moisture as comes to it so much the less noise does it make.*"

Crystallized nitrate of silver was called "Vitriol of the Moon," and was given as a purgative. A liquid preparation of silver was called "Tincture of the Moon," and was said to be a "dissolution of some of the more rarefied parts of silver made in spirit of wine whetted by alkali salts." This article was given for diseases of the head.

A noted medicine was known as the "Antihectic of Poterius, or Jupiter Diaphoretic," and was a mixture of salts of tin, antimony, iron, and potassium. The directions for use were thus given by one of these semi-ancient authors:—"They use this for diseases of the liver, and of the matrix, for malignant fevers, for the small-pox, and upon other occasions, where it is necessary to remove the humors by transpiration. They give it also for stopping gonorrhœa, fluxes of the belly and hemorrhages."

Acetate of lead, known by the name of "Salt of Saturn," was very highly esteemed, and was much used as an astringent, and in certain diseases of the skin. Its solution in water was called "Virgin's milk." Dr. Lemery tells us, or rather, told our great-grandfathers, that "this salt, called sugar, by reason of its sweetness, is good for many diseases that are caused by acid or sharp humors, because it assuages them and mitigates their keenness. This is particularly observed in Quinsies, whose cause doth ordinarily proceed from a saline or acid serosity, which, falling too abundantly on the muscles of the larynx, raises a fermentation that dilates their fibres and causes the inflammation we see. Thus, whatsoever is able to dull the edge of acids is good for the cure of this disease. Menstrual purgation, hemorrhoids and dysenteries are usually caused by sharp corrosive salts which fall into the vessels, wherefore the *salt of Saturn* (as all other matters that absorb acids) does serve to cure these distempers; for, take away the cause of a disease and the effect will soon cease. The sweetness of *salt of Saturn* cannot be better explicated than by the sulphurous or softish substance of the particles of lead, which, being actuated by the salt of vinegar, do so delightfully tickle the nerves of the tongue when it is tasted."

Copper was called Venus, and the "Spirit of Venus" was a liquid preparation made by distillation of the acetate. This remedy was used in *diseases of the head.*

"Opening Saffron of Mars" was rust of iron, but this rust must be made by exposing plates of iron to the dew.

Dew itself was recommended in the dose of from one to four ounces, as an aperative.

Mercury (which was said to be a half metal) cured the venereal disease in the following manner; we quote from Dr. Lemery: "The acid salts of the venereal poison fixing in the pores of the mercury (which is, as I have said, a volatile alkali), do sublime together, being driven by the heat of the body up to the head, which is the top of the vessel, and the coolest place, and so most proper to condense them. At the same time it is that the head swells and the inside of the mouth is full of chancres, which cause a pain much like unto that a man would receive if sublimate corrosive were applied sometime upon an excoriated part. Moreover, the salivating vessels being pricked, and corroded with this sharp humor, do open, and let fall abundance of phlegm, and this causes the involuntary salivation that uses to accompany these chancres, and remain sometimes a longer, and sometimes a less time, according as the chancres are more or less acrimonious; for the phlegm trickling down continually cleanses them from their keen salts, and mitigates the pain, whence it comes to pass that they are often cured of themselves, and then, the saliva-

ting vessels closing up again, the flux doth cease."

Bricks soaked in olive oil and afterwards distilled, gave the celebrated "Oil of Bricks," or "Oil of Philosophers," which was of great service in "suffocation of the mother," in palsy, or to "dissipate flatulent humors inclosed in the ear."

Red Coral digested for eight days in hot spirits of turpentine, was said to be "proper for fortifying the stomach against the stone and gravel."

A styptic preparation, known as "Lapis Medicamentosus," was a good specimen of polypharmacy, and consisted of green and white vitriol, alum, salt of tartar, wormwood, mugwort, arse-smart, plantain, rose-vinegar, ceruse, bole armoniac, myrrh and incense; these were put together with many a manœuvre, heating, cooling, moistening, evaporating, etc.

Gunpowder was given in doses of from ten to forty grains in asthma and in colic. Medicines of a bad smell were said to allay, and those of a good smell to increase, diseases of the womb, in the following manner. A good smell caused the spirits to leave the brain and go into the vessels; this made the vessels shorter, and gave the womb a series of shocks; these shocks caused the gross blood and humors to ferment and send off vapors, which, oppressing the diaphragm, caused that which was called the "suffocation of the matrix."

Ill smells were supposed to produce quite a contrary effect, causing the spirits to retire back to their places and the matrix to resume its ordinary disposition.

An oil obtained by the distillation of paper was considered to be of service in the itch, in hysterics, and to quiet noise in the ear.

In regard to roses, we quote from one of these old authors: he says, "they are purgative, and do rarifie and purifie the blood; but they are ill for the vapors. Their scent alone sometimes rarifies the phlegm or humor which falls from the brain into the stomach, as I have seen several times."

A liquor obtained by distillation of strawberries was given to "strengthen the heart."

The famous preparation known as the "Queen of Hungary's water," was really a spirit of rosemary, and was given in palsy, apoplexy, and hysterical maladies.

Viper, "dried in the shade" and distilled, afforded a remedy which was said to be "one of the best medicines we have in Physic," and was given in "fevers, agues, the pox, apoplexy, epilepsy, palsy, hysterical maladies, and the bitings of all venomous beasts."

Urine of man was applied externally in cases of gout, or itch, and taken internally, in doses of two or three glasses, as a purgative. The urine of cows was highly recommended, but our author says, "care must be taken that at that time the bull has not meddled with her."

Hart's-horn in small pieces was used as a vermifuge, and the horns were said to be composed of a "glutinous humor of the brain thrust out by the spirits of the animal."

"The human skull, dried, rasped and powdered," was "thought to be good for the epilepsie and other distempers of the brain." "The head of a young man who died in health and strength, of a violent death," was distilled and the "spirit of the human head" was obtained. This spirit was used in epilepsy, apoplexy and many other affections, and when mixed with a tincture of opium constituted the "Anti-epileptic Elixir, or English Drops."

I have given some account of the materia medica of one hundred and fifty years ago, but it would be unfair to our forefathers in medicine not to add that they possessed and knew how to use many of the medicines prized by the physicians of the present day. Dr. Limery said of rhubarb, "*Its virtues are so many and so great that if they were sufficiently known * * * mankind would have infinitely less need than they have of the Art of Physic in most cases, and men might, perhaps, preserve themselves from most diseases without any other help.*"

Peruvian Bark (then called "quinquina, or kina kina") was well known and extensively used. Opium, also, was highly prized, but its action was so little understood that a noted author said of it, "when it is given in too great a quantity it so thickens and glues the humors in the brains, by its viscous parts, that the spirits which come forward to succor, not being able to dissolve this viscosity, are forced to stop and congeal likewise, by little and little, until at last they lose all their motion, whence it comes to pass that many do die upon the taking of opium."

Other medicines might be mentioned, but having given a glance at the medicine-chest of our fathers, I will now close it for the present.

CEREBRO-SPINAL MENINGITIS.

BY WM. READ, M.D.,
Of Boston, Mass.

(See MEDICAL AND SURGICAL REPORTER, Vol. XXX, Page 469, for previous cases).

September 2d, 1874. Lind, æt. twenty-nine. Patient is by occupation a teacher of gymnastics, and is usually in the enjoyment of robust health. Was perfectly well on Sunday last (three days ago), but during the night began to be sick. Had a chill. Next day (Monday) headache came on, and with it a tendency to opisthotonos. Has been growing worse all the time. Now, 10 A. M., in bed; excited; mind wandering and full of hallucinations. Pulse 72, irregular, but full. Complains of a sharp pain through the head at the temples, in front of the ears, and at the very top. Skin moist; feet and legs cold; face slightly flushed; answers questions correctly, but immediately wanders and talks at random. Spine extremely tender from the nuchæ to the middle of the dorsal region. At a point opposite spine of scapula has frequent spasms of opisthotonic distortion, during which the head is thrown very far back, and her limbs are convulsed. Is with difficulty kept on the bed, requiring two or three to hold her. Had several of these paroxysms during my visit; complains of a feeling of great prostration; bowels well; breath rather offensive.

To have a full dose of castor oil mixed with an equal amount of glycerine, at once, and then

℞. Ergotine, gr. x
Ext. belladonnæ, gr. j. M.
Ft. pil. x.
Sig. Take one every three hours.

Croton oil to be applied to the nuchæ till a copious eruption is produced.

September 3d. 10 A. M. Has slept most of the time since last record. Complains all the time of feeling "so tired." Has had no opisthotonos since yesterday morning, but starts frequently in her sleep. Rational; skin normal; action of iris undiminished; tongue well; relishes her nourishment, a gill of milk porridge and of beaf tea alternately every three hours. Position in bed natural. Pulse 52. Not irregular at all, but of marked variation in strength and fullness. Extremities warm; less headache, and the pain in her spine is less severe than it was. Is for the most part drowsy, but conscious of the slightest sudden noise. Continued treatment.

September 4th, A. M. Has been very comfortable, with no new symptoms. No true sleep till 4 A. M. to-day. Since then dozing quietly. Has had no spasms, and complains less of headache. Extremities warm; urine very scanty and high colored; tongue slightly coated; breath quite offensive; still feels "so tired;" takes her nourishment well; occasionally twitches a little when asleep; has an uncomfortable feeling in the spine, not exactly a pain, but a "creeping feeling." Has had this feeling all along, and thinks it is growing less. Hearing somewhat obscured; eyesight well; is naturally very near-sighted. Continued treatment, and have spts. ether nit. ʒj in water, p. r. n.

September 5th. Had a very comfortable day, till the evening, when some friends called, and fatigued her by talking. During the first part of the night she got some sleep, and was quiet. Towards morning patient began to have attacks of momentary spasm, or starting, whether she was asleep or awake, but has at no time lost her consciousness. About the same time with the commencement of these attacks a chill came on. Now, 10 A. M., pulse 58, of fair volume and regular; tongue quite clean; pupils perfectly mobile and unaffected by the bellad.; hearing about the same as at last record; no petechiæ; her whole body is in a state of hyperæsthesia. The slightest touch of the hand causes pain, which goes away on deeper pressure, except along the spine and just above the crest of the ilium, on either side. The spine is very tender to the touch, the whole length, from the nuchæ to the os coccygis. Says her head is better; she has less pain and uneasiness about it than two days ago, while there is more of the "creeping feeling." Continued treatment, and paint the spine with a liquid blistering preparation (acetic cantharidal vesicant).

September 6th, A. M. Slept well and quietly all night; blister did not draw fully; head much more easy and free from pain; hearing quite good; eyesight well, in the right; the left eye was somewhat inflamed, but it has disappeared. Tongue well; the starting in her sleep has nearly ceased; hyperæsthesia almost gone; has had no movement of the bowels for two days; spine feels easier; urine is still scanty in quantity, but of lighter color. Pulse 58. No petechiæ to be seen. Have a cathartic dose of ol. ric. and glycerine.

September 7th. Had four dejections from the cathartic ordered yesterday; slept well;

has none of the "creeping feeling" in her spine, and can lie on her back without suffering. Head quite free from ache; hearing improves daily; no petechiæ; there is no hyperæsthesia remaining, but on the inside of the legs and arms, along the course of the great veins, there is decided tenderness. Pulse 60, of good healthy fullness. Tongue slightly coated; eyes act freely with the light.

September 8th. Has been quite comfortable. Some headache in the P. M., but not enough to cause much discomfort. When lying still has no uncomfortable feeling at all in her spine, and only a slight uneasiness when she turns over. Sleeps a good deal; does not feel hungry, although she takes her nourishment well. Pulse 60, of normal volume. The tenderness along the inside of the thighs, from the groin as far down as the knee joint, remains the same. It has disappeared from the arms; hyperæsthesia entirely gone. Continued treatment.

September 9th. Reports herself entirely free from pain everywhere. There is still some pain along the inside of both thighs, but it is diminished. Tongue more coated than at any previous day; appetite is coming back. As patient lies in bed, says she feels as well as ever she did. Diminish the ergot and belladonna to two doses daily.

September 10th. Patient continues to improve. When perfectly quiet, feels well. The spine is a little tender over one of the dorsal vertebræ, a small space in the lumbar region and at the coccyx. In the inside of the left thigh there still remains some tenderness, but along the right thigh it has almost entirely disappeared. Tongue clean; appetite good. Continued treatment as last ordered.

September 11th. Much better. Is partially dressed and lying on the lounge. Continued treatment.

September 12th. No tenderness along the spine. No uncomfortable feeling about the head. There still remains a slight tenderness about six inches above the knee, on the inside of the left thigh, but on the right it is entirely gone. Omit medicine.

September 14th. Walked into the next room this A. M., but on returning felt quite faint, and had to lie down. Says her head ached yesterday after talking a good deal. The only remaining symptoms are two spots of tenderness on the inside of the left thigh. One mentioned in yesterday's report, and the other about three inches higher up.

September 17th. Since last record has been steadily gaining. Tenderness entirely gone from left thigh; pulse normal in frequency and character; appetite good. The only disability she suffers from is the weakness resulting from the attack. To have tr. gent. co. ʒij twice a day as a tonic. Ceased attendance.

Editorial Department.

Periscope.

How to Make Koumis.

The *American Journal of Pharmacy* gives the following directions from an Oriental source:—

A certain proportion (one-third) of koumis is poured, together with (two-thirds of) fresh mare's milk, into a clean wooden vessel resembling an ordinary English churn, and there left for from six to eighteen hours, according to the degree of (alcoholic) strength that is required. During this period it is from time to time subjected to a churning process, with the object of keeping up and stimulating the process of fermentation. Herein consists the chief art, and whatever secret there may be in koumis-making, is to know the exact amount of churning required; for, although a certain amount is requisite, it must be suspended at the point where curds or butter would be formed. Habit and practice alone teach this to the koumis-maker. After this fermenting process, stimulated by the occasional churning, has lasted a certain time, say six hours, a portion of the contents of the churn is drawn off, and this constitutes the weakest kind of koumis, say koumis of the first degree of strength. The remainder in the churn is subjected to a further period of similar fermentation and churning, say for another six hours, and then the churn is again tapped, and koumis of the second degree of strength is the result. Then another period of say six hours of a similar process, for what still remains in the churn, and this, when drawn off, constitutes koumis of the third degree of strength. It will be observed that the difference in the degree of strength of the koumis consists in the different amount of

fermentation to which it has been subjected. The strength of the koumis ought to be graduated according to the requirements of different patients, and this is a matter of some importance in the case of invalids. As soon as the koumis is drawn off it is poured into ordinary quart bottles, made with extra strong necks, corked down and tightly strung; for, containing as it does large quantities of carbonic acid gas, it is subjected to the explosive accidents of all such liquors. Indeed, the inexperienced koumis-drinker, on opening a bottle of koumis for the first time, if he is lucky enough not to lose his eye by the explosion of the cork, will most undoubtedly be soused all over by the frothing liquid.

Mode of Action of Chloral.

The *Irish Hospital Gazette*, Oct. 15th, 1874, states that, at a recent meeting of the *Académie des Sciences*, on the 14th of September, M. Tauret submitted, with reserve, a hypothesis explanatory of the mode of action of chloral upon the economy, depending upon the ascertained development of carbonic oxide when chloral comes into contact with an alkaline fluid. According to M. Bernard, carbonic oxide would combine with the blood-globules in displacing the oxygen which was originally combined with them, so that these globules become unable to perform their functions. It is only when they have freed themselves from the carbonic oxide that they become again active. The slow decomposition of chloral by the oxidizing agent explains the continuance of its action as a hypnotic, which would not be the case if it was supposed to be converted into chloroform. And the lowering of the temperature observed by M. Claude Bernard in even slight cases of poisoning by carbonic oxide, coincides in a remarkable manner with that which follows the administration of chloral. Chloral acts, then, by a kind of intoxication; and in this way may be explained the occurrence of the accidents which have sometimes attended its use.

Dr. Brunton (Humphrey and Turner's *Journal of Anatomy*, May, and *Practitioner*, October) has also observed, in experimenting upon dogs, the diminution of temperature above referred to, before chloral sleep comes on. According to him this appears to be partly due to greater loss from the surface, caused by the vessels of the skin becoming much dilated under the influence of the drug, and allowing the blood to be cooled more readily by a low external temperature. It is partly due, also, to a diminished production of heat, which cessation of muscular action always induces. Dr. Brunton found that an animal wrapped in cotton wool may recover perfectly from a dose of chloral which is sufficient to kill it when exposed to the cooling action of the air, and that recovery from the narcotic action is much quicker when the temperature is maintained in this way, and still more rapid when the animal is placed in a warm bath, providing this is not excessive. The bearing of these experiments on the treatment of poisoning by chloral is obvious. The patient should be put to bed, and the temperature maintained by warm blankets and hot water bottles to various parts of the body, and especially to the cardiac region. Warmth over the heart is an excellent stimulant to the circulation, which, like the respiration, is enfeebled by chloral. If respiration threatens to fail, it should be maintained artificially so as to allow time for the chloral to be excreted and the normal functions to be restored.

Albuminuria with Cardiac Complications Successfully Treated.

We take the following case, *in extenso*, from the *Medical Press and Circular*, on account of the instructive nature of the treatment employed: it is reported by Dr. John W. Martin.

Wm. Dillon, age 40, car driver, subject to every variation of weather, and accustomed to drink hard, presented himself for treatment on the 7th of August, 1873. The attack had commenced five weeks before, with pain in the region of the heart, accompanied by sense of great oppression. He was unable to account for it on any special grounds, either wetting or chill. He got a cough mixture in Waterford, at an apothecary's establishment, and took some home-brewed remedies, in the shape of infusion of wormwood, but received no regular advice or treatment. A fortnight before I saw him the pain in the chest subsided, the subsidence being followed by pain in the abdomen, which in turn was replaced by ascites and œdema of the lower extremities. On the day of my seeing him he walked from the car into the dispensary with great difficulty, the abdomen was greatly distended, whilst his legs were three times the size of what they were in health. The slightest exertion gave rise to severe dyspnœa; even in repose the respiration was very short, shallow, and gasping. There was a constant tendency to syncope. The lips were blue, and the facial capillaries and cervical veins congested; the whole appearances about his face were those observable during an attack of cyanosis.

The area of cardiac dullness was greatly enlarged. Heart's rhythm irregular, sounds weak, impulse scarcely to be felt; pulse 120, weak, and thready; the tongue foul; bowels confined; appetite gone. The hepatic dullness was much enlarged, the lower edge of the liver being well below the false ribs. He did not complain of any tenderness to pressure during the examination. He complained of pain and weakness in the loins over the region of the kidneys. Passes urine freely—about a pint in the day. On examination I found it highly albuminous—two-thirds the bulk, rough measurement. The recumbent position tried him greatly, increasing the dyspnœa and rendering sleep in that position impossible.

Previous to this attack the man's history was one of sound health.

The treatment consisted of hydragogue purgatives, diuretics, and tonics, as follows:—

℞. Pulv. jalapæ co., ʒj. talis viij.
One to be taken at bedtime.

℞. Pulv. scillæ,
Pulv. digitalis, āā gr. j, in pill.
One to be taken three times a day.

℞. Potass. iodid, ʒj.
Ferri citratis, ʒj.
Sp. chloroformi, ʒij.
Sp. am. aromat., ʒij.
Aquam ad, ʒxij. M.
Two tablespoonfuls to be taken three times a day.

August 12th. Increased secretion of urine, in which the albumen was diminished to one-half the bulk. Œdema of extremities and the ascites reduced. Treatment continued.

℞. Linimentum terebinthinæ, ʒvj.
To be applied over the kidneys twice or thrice daily.

Ordered a flannel binder to be worn round the loins.

August 20th. Ascites and œdema of the extremities almost gone. A further reduction in the amount of albumen observed. Can lie down in bed, and sleeps well. Appetite improved. Area of cardiac dullness diminished. Heart's action improved.

August 29th. The jalap powders not sufficiently active. Ordered two drachms to be taken instead of one drachm as before.

September 20th. Has steadily improved. In consultation with my father he recommended a change from the iodide of potash mixture to one of pernitrate of iron and nitrate of potash. Also gave him cod-liver oil. Continued the pills and powders.

October 15th. Suffered from occasional headaches. Bowels regular; appetite good; tongue clean. No swelling in either extremities or abdomen; free from dyspnœa; albumen only one-twelfth the bulk of urine examined.

October 29th. Feels strong and well, and able for his work. The albumen had increased to one-sixth the bulk, but seemed to give him no inconvenience. Pain in the back and weakness quite gone. Ordered a mixture of iodide of potash, bark, cod liver oil to be continued, attention to the bowels, and a good nourishing diet.

The patient did not again come under my care. During the past summer I have seen him plying his occupation as carman, and he looked strong and well, and stated that his health was then very good.

Treatment of Delirium Tremens.

Dr. Kitchen gives the following treatment, in the *American Journal of Insanity*:—

In the treatment of delirium tremens many points are to be taken into consideration, as the condition of the patient, the length of time the delirium has lasted, and the surroundings of the patient.

Our custom is to place this class of cases in a large room, well ventilated, with about one-thousand cubic feet of space for each patient.

Usually the patient is much fatigued on admission, and is in feeble physical health, and not infrequently there are complications, as bronchitis or pneumonia, and occasionally Bright's disease.

When no complication exists we give a tepid bath. The patient is put to bed, and usually a camisole is required to restrain him.

The usual, and perhaps better, treatment, is at once to place the patient on liberal and nutritious diet, as beef juice, cream, or essence, soups, milk, milk punch, egg-nog, etc.

If he is feeble, the reasons for giving stimulants are plain, though the delirium is caused by the same stimulant. Some recommend pure alcohol to be given instead of brandy, whisky, or even wine.

Of course, in administering stimulants to this class of patients, great and watchful care should always be exercised. The pulse is a safe guide, as stimulants should lower it and give it fullness. To quiet the tremors and restlessness, opium serves a good purpose, administered by hypodermic injection.

The treatment which in all probability is the most effective, is a generous diet, full doses of fluid extract of conium during the day, to control the muscular action, and during the evening hydrate of chloral, with tincture of hyoscyamus, the latter to be repeated until sleep is secured.

Whisky as a Local Application.

Domestic surgery is well acquainted with the value of whisky as a dressing. Dr. J. L. Suesserott, of Carlisle, Pa., testifies also to its value, in the Philadelphia *Medical Times*, September 5th, 1874. He says:—

In my opinion, the antiseptic properties of whisky are not all the virtues that it possesses. The gentle stimulation to the granulations on the one hand, and its cooling action by evaporation on the other, undoubtedly aid in a material degree in bringing about repair. It is only the first application that is objected to or is in any appreciable degree felt by the patient. If the compress or bandage is kept moist with the spirits, a very grateful feeling is produced; and in cases where even considerable laceration has occurred healing by *first intention* may be confidently expected. I could recount numerous cases that would bear me out in this assertion, but will let a few suffice.

Charles E., aged 60 years, a carpenter, about two years ago had his right fore-arm terribly lacerated by coming in contact with the revolving head of a planing machine. The integument and muscles of the back part of the fore-arm were torn in shreds; the limb was placed on a splint, the torn tissues were restored as nearly as possible to their places, kept *in situ* by isin-

glass-plaster, and supported by compresses saturated with strong whisky. In two weeks from the time of the accident, no suppuration having taken place, the splint was removed and my patient was at work. About a year after this occurrence the same patient had the back of his left hand thrown into the same machine. The result was that the articular ends of the second and third phalanges of three of his fingers were entirely knocked out, leaving the fingers hanging by the flexor tendons. Deeming it impossible to save more than a stump of the hand, I was about to remove the dangling digits, against which procedure the patient strongly protested. Sympathizing with the now twice unfortunate man, and desiring to let the realization of the full extent of his maimed condition break upon him gradually, I procured three small splints, upon which I carefully laid the, as I was fully persuaded, lifeless fingers, secured them with isinglass plaster, and placed the whole hand upon a heavy straw-board splint, with the full assurance, in my own mind, that even with the deodorizing effect of whisky, by the next day my very hopeful patient would be satisfied of the propriety of their removal. The part, or, I might more truly say, the whole hand, was kept saturated with my favorite fluid for external use, and, much to my surprise and gratification, on the following day I found the circulation re-established. The fingers were kept on small splints, to prevent too much shortening. Granulations repaired the lost soft tissues almost entirely, and, the metacarpo-phalangeal articulation not having been injured, I had the extreme pleasure, at the end of four weeks, to see my patient, who, by the way, is a man of strong nerve, hard at work, with a very useful hand.

About the time of the first accident to this patient, Charlie W., a lad of about 12 years of age, ran into a mowing machine. His left foot was cut off just at the top of his shoe, and the right one, it having been elevated in the act of running, was taken off through the tarsal bones. Assisted by Dr. E. N. Sensery, of this place, I shortened the bones of the left leg so as to procure sufficient covering, but we both concluded that by the removal of the cuboid bone of the right one we might hope to save the heel, and make the limb more useful, leaving it as in Chopart's or Syme's amputation. Even after the use of strong ligatures and contracting bands, we were not able to bring the tissues together, but were compelled to leave a surface of two and a half or three inches entirely exposed. Into this we packed patent lint, well saturated with whisky, satisfied that, with some suppuration, we might hope for a full repair of the parts. Suffice it to say that in an incredibly short space of time the parts were healed, without any want of covering to the stumps, and with the loss of not more than *one fluid ounce of pus from both limbs.* Of this latter fact we were confident, as we did all the dressing ourselves. I could report a half-dozen cases of equally interesting character.

Intermarriage in French Canada.

Dr. Adams, surgeon in the British navy, in a book published not long since, entitled "Field and Forest Rambles," gives some facts about the French residents of New Brunswick, intended to illustrate the dangers of breeding in and in. The statement of Dr. Adams is:—

"An example of the evils of intermarriage, in combination with insanitary modes of living, is seen among the French settlers in the north-east frontier of the province. Descended from the early Norman colonists, they speak their mother tongue and maintain their old religious faith; indeed, so exclusive are they that it is rare to hear of any one marrying out of his own sect. Moreover, so closely are they bound by family ties, that in one district (Caraquette) it is a usual occurrence to give marriage dispensations. Thus hereditary diseases are common, and of all others that terrible scourge, elephantiasis, or Greek leprosy, has maintained a prominent position among the maladies of these poor creatures for many years. Indeed, so frightful have been its ravages that the Government was obliged to build a hospital in the district, for the special treatment of such cases. This very wise measure has had the good effect of isolating the disease; but sometimes the wretched victim, rather than undergo forced detention in the dismal lazaretto, betakes himself to the woods, and is there surreptitiously maintained by friends. No doubt the dietary contributes towards developing the inherent predisposition; indeed, many of the afflicted attribute their condition to feeding on salted fish for lengthened periods, and in consequence of the prevalence of the disease in families there grew a belief that it was communicable by touch. This, however, has been clearly proved not to be the case; whilst, on the other hand, the hereditary transmission is indisputable, as shown by careful observations made by Drs. Bayard and Wilson, of St. John."

The Extraction of Foreign Bodies from the Ear.

Dr. John Cleland, of Edinburgh, relates the following in a letter to the *Lancet*:—

When I was demonstrator in Glasgow, a student came to me in much alarm, with a pea in the auditory meatus, which had been flung in a class-room, and had been driven far in toward the membrana tympani by the efforts of one of his fellow-students to remove it. It fitted sufficiently accurately that there was no space for the introduction of an instrument behind it. I had no instrument beside me but a straight needle for microscopic purposes. I touched the upper margin of the pea with this, endeavoring to introduce the needle behind the pea, when the pea rolled somewhat and receded. It then occurred to me to place the point of the needle beneath the pea, and, to my great surprise, I had scarcely begun to insinuate the point of the needle when the pea flew out with great violence. Any one may repeat the experiment, as I have done, with a pea, a tube, and a

needle, and may easily arrive at the explanation of what happened in the case which I have mentioned. If the needle be placed above the pea, it presses on the uppermost part of the sphere. By a movement of combined pressure and withdrawal the pea may then be made to roll outward for a little distance; but in this movement needle and pea move together, so that the point of the needle, continuing to press on the portion originally uppermost but now rolled outward, ceases immediately to act in a purely downward direction, and jerks the pea back toward the membrana as soon as the increasing pressure inward exceeds the resistance of friction against the floor of the tube. But if the point of the needle be placed below the pea, it raises it up; and if it has been insinuated in the smallest degree beyond the lowest part of the sphere, and be on a higher level than the handle, the pea tends to roll out over it. It is not, however, essential that the point of the needle be on a higher level than the handle, provided only that the needle be properly insinuated in; for as soon as the handle is depressed so far that the point is at all inclined toward the roof of the tube, the pea is placed between two inclined planes, from between which it is expelled with force.

Insanity from Sexual Causes.

The late Dr. Skae, in an article published in the *Edinburg Medical Journal*, classified some varieties of insanity as from sexual causes.

Insanity of Pubescence, in boys, is characterized by a first stage of restlessness, excitement, braggadocio, and pugnacity, followed by one of hysterical depression, with a tendency to exaggerate every petty bodily affection into some dreadful disease. It may assume a religious or cataleptic phase, and may be complicated with or end in *Insanity of Masturbation*, of which the symptoms are much the same as those described in quack advertisements headed "nervous debility," with the addition of dislike of female society, inability to look you straight in the face, and fear of suicide. This may end in suicidal or homicidal mania, or in a form of dementia, with silly self-satisfaction and vanity.

In girls, *Hysteric Insanity* seems to be the counterpart of this *Insanity of Pubescence*. It is frequently complicated with masturbation, or arises out of it. It is characterized by great excitement, talkativeness and sleeplessness, and sometimes by fits of screaming and efforts to escape from the house. All the symptoms have an erotic tinge, the patient sometimes imagining that there is something wrong with her uterus, or that she has retention of urine; sometimes that some one is in love with her, etc. Dr. Skae quotes a very characteristic letter from a young lady in such a condition.

Satyriasis and *Nymphomania* are diseases closely connected with the above, but originate, Dr. Skae thinks, in the nervous centres, not in the generative organs.

Dr. Blandford remarks upon the close connection which exists between the various forms of sexual insanity. In the erotic temperament, pubescence leads to masturbation, that to hysteria, and hysteria to amenorrhœa. Dr. Skae gives a case of *Amenorrhœal Insanity*, in a young married woman, in which amenorrhœa was due to masturbation originating immediately after parturition. Masturbation originating in puerperal insanity is not uncommon. Insanity arising out of masturbation with amenorrhœa is frequently suicidal or homicidal.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The Criminal Responsibility of Epileptics is the subject of a paper by Dr. Meredith Clymer, reprinted from the Transactions of the Medico-Legal Society of New York. He thinks no general rule can be laid down, but every case must be treated on its own merits.

——The Medico-Legal Society of New York has published the inaugural address of its President, Mr. Clark Bell. He points out the objects of such societies, and reviews the labors in its field during the past year.

BOOK NOTICES.

Report of the Medical Commission upon the Sanitary Qualities of the Sudbury, Mystic, Shawshine, and Charles River Waters. Boston, 1874. pp. 108.

The interest which this pamphlet has for the general reader is not the question which it sets out to examine, but rather, the method employed in the examination. The three gentlemen, Drs. C. W. Swan, E. S. Wood, and H. P. Bowditch, appointed to prosecute the inquiry, did their work in a model manner. Six considerations they laid down as governing such an investigation. These are, 1st, the soil in which a river rises and flows; 2d, the color, taste, and appearance of the water; 3d, the sources of pollution (vegetable substances, sewage, drainage from cemeteries, manufacturing refuse); 4th, present and probable future density of population in the drainage area; 5th, chemical constitution of the water; 6th, opportunities for storage and conveyance.

These different subjects are taken up and disposed of one by one, the results being shown clearly to the eye by diagrams. The conclusion is in favor of the Shawshine water.

MEDICAL AND SURGICAL REPORTER.

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D. G. BRINTON, M.D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

Hence, Reports of the Proceedings of Medical Societies, Correspondence, Notes, News, and Medical Observations from all parts of the country are solicited and will be gladly received for publication.

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The experience of *country practitioners* is often particularly valuable, acquired as it generally is by independent study and investigation. The REPORTER aims especially to furnish a medium to bring this information before the general medical public, and it is a duty to the profession to publish it.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

The Editor disclaims responsibility for any statement made over the names of correspondents.

☞ NOTICE. 1875.

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115 South Seventh Street,

PHILADELPHIA, PA.

MEDICAL MATTERS ABROAD.

The condition of medical matters abroad this winter does not appear to be all that one might wish. The disturbances at the medical schools of Paris, Vienna, and St. Petersburg have reflected discredit on the medical students in those centres, and will, undoubtedly, result in injury to those universities.

Dr. CHAUFFARD, at Paris, was unpopular because he was a monarchist and a religious man. He was actually driven from the arena at the opening of the course. The school was closed for a month, and reopened Dec. 1, to fourth-year students only. The janitors of the school had orders only to allow fourth-year students to enter the room where M. CHAUFFARD was to resume his interrupted course of lectures, and he commenced with an audience of thirty-nine. But after the lapse of a few minutes the students departed one by one, until, according to the *Progrès Médical*, M. CHAUFFARD had only three left to listen to his doubtless carefully prepared discourse.

Dr. CYON, in St. Petersburg, a very eminent physiologist, was not less unpopular, because, forsooth, he examined the students too strictly! No other reason has been given for the rowdyism which greeted his approach to the desk. As an examiner, it seems, he was too exacting, or, at least, he thought himself right in rejecting a large proportion of candidates for the diploma. Unable to get a hearing in the Academy, Professor CYON lectured in the University; but his unpopularity threatened to follow him there, and at the instance of the Professors, he was urged to desist. This he declined to do, and accordingly the counsel of the Professors was confirmed by an order from the Minister of Public Instruction. Permission has been accorded him to travel for six months, and to prosecute scientific research. Since his departure several other examiners in the various schools of St. Petersburg have incurred under-graduate odium, thus showing that Professor CYON does not enjoy a monopoly of unpopularity.

In France, partly, no doubt, to prevent such crowding of students, the National Assembly has voted the establishment of two new schools of medicine — at Bordeaux and Lyons. Lille also had almost obtained the favor of a school; but at the last moment the city of the North was rejected. The chief reasons for selecting Lyons and Bordeaux were that these cities were situated in densely populated districts, were well provided with hospitals and professors, and, last, not least, could go to all the expense of establishing and keeping up their faculties by means of municipal funds, and without any grant from the government. Besides Lille, Marseilles, Toulouse, and Nantes were amongst the candidates for new faculties of medicine, but were unsuccessful in their claims.

It is stated by French papers that there are under the Medical Faculty of Paris, this winter, 5000 students. The curriculum is generally six years, four of which are devoted to obtaining the usual promotions (*inscriptions réglementaires*). During the last two years the student undergoes his examination for the doctorate. Those who succeed in obtaining a supernumerary berth at the hospital sometimes have to work nine years before gaining that degree. The Medical Faculty this year granted about 500 diplomas. In the Pharmaceutical Faculty the curriculum is generally three years. The last return showed 700 students. The nine other Medical Faculties in France scarcely reach the figure of 3000 students—Bordeaux and Toulouse 500 to 600 each, Montpellier 200, Nancy 300, etc. Amongst the 8000 of the *étudiants* matriculated at the Paris University, about 600 are foreigners, mostly Spaniards, especially in the Medical Faculty.

Of course, with the organization of the new schools, this centralization of students will diminish. It is already doing so in Germany. The great universities of Berlin and Vienna are losing their prestige. Greifswald has done as much as Berlin (except Virchow's work) this last ten years. Erlangen stands close to it. Prague and Gratz push Vienna. In fact, the once famous school of Vienna is sinking.

Oppolzer and Skoda, that incomparable pair of clinical physicians, have not yet been replaced, and can hardly be replaced. Hyrtl, on account of his health, has exiled himself to his country house, at some little distance from Vienna, where he works in seclusion. Rokitansky, having been loaded with honor and placed on the pension list, now only retains his chair till the dispute as to who would be his most worthy successor has been settled. Both Recklinghausen and Cohnheim have refused this honor; and it seems probable that Prof. Heschl, at present in Gratz, who was formerly assistant to Rokitansky, and who has a good reputation as a teacher, will be appointed. The number of students studying medicine there is steadily decreasing, some being induced to embrace other professions, as at present holding out greater prospects of success; others are joining smaller universities, being disgusted at the present condition of affairs there, in producing which state of mind the increased expense of living has undoubtedly played an important part.

In England the pursuit of science is not muddied by an admixture of politics. Some three hundred students have registered for diplomas at the University of London this winter. Let us hope that in this country the same singleness of purpose will exist, and the dignity of scientific study will never be marred by the rowdyisms of a political caucus.

Notes and Comments.

Notes on Eucalyptus.

We are beginning to be a little tired of hearing about the Eucalyptus, but it is a duty to our readers to report progress on it, so we note as follows:—

In the *Archiv der Pharmacie*, November, 1874, Dr. I. Homeyer has an article of over twenty pages on its leaves and their ethereal oil. It is illustrated by several wood cuts, and he

concludes that the oil consists of two turpentines and of cymol.

Dr. G. Vulpius, in the same journal, attributes to this ethereal oil the beneficial effects of the eucalyptus on miasmatic localities.

Mr. J, Bosisto, President of the Pharmaceutical Society of Victoria, points out that the eucalyptus probably exerts its influence in this respect: first, physically, by powerful root-action in absorbing humidity from the earth; by its being evergreen, and in continuous action; by the abundance of its leaf surface; by its evaporation of water, oil, and acid under a perpetually genial atmosphere; and, chemically, by the power of its volatile oil and volatile acid, abundantly present in the plant and air, to produce peroxide of hydrogen.

Finally (for the present), M. Vidau, in a note presented to the *Société de Pharmacie*, relates how a Zouave attached to the officers' library at Djidjelly was cured of worms by oil of eucalyptus. Calomel, kousso, Corsican moss, pomegranate root bark, wormwood, tincture of aloes, camphor, every vermifuge in the dispensary of the military hospital, was tried without effect. Finally, an enema containing fifty to sixty drops of eucalyptus oil was administered every evening, for eight days. In less than that time the insupportable nocturnal itchings had ceased, and one or two additional doses completed the cure.

Hygienic Rules for "Nervous" People.

It is said that Americans are especially liable to nervous complaints, though it is an assertion to which we attach little weight. The hygienic rules laid down by Dr. Luther, however, in the *Medical Press and Circular*, for such complaints, may have a wide interest. They are as follows:—

Avoid work beyond your strength, or responsibilities beyond your capacity; avoid all avoidable worries, or dismiss them from consideration when fairly attended to; avoid all unwholesome excitement, or dissipation; but seek the society of healthy, kindly, sensible people. Let your occupation be healthful, useful, and fairly remunerative in every sense of the word. Eliminate waste by taking frequent Turkish baths. Take purgatives occasionally, if required. Favor oxydation by being as much in the fresh air as you can, without exhausting your strength. The Turkish bath will enable you to be much more in the fresh air than you otherwise could. Wear light clothing, to allow free access of air to the skin. This, too, the bath makes easy. Use a fair share of farinaceous and vegetable food with your diet, which taxes oxydation less than a purely animal diet; but whatever kind your food, eat it surrounded by cheerful influences, and it will agree with you; whereas both the stalled ox and the dinner of herbs will disagree if eaten in the midst of turmoil. Let those who have inherited a tendency to nervous maladies observe these rules, and they will have cause to congratulate themselves. As curative measures they will have more or less success, but are difficult, and can't be used simultaneously.

Modern Medical Treatment.

An editorial article in a British cotemporary closes with the following thoughtful words:—

Our treatment has assumed a character too decidedly stimulant, and not quite sufficiently nutritive. Stimulants ought to be regarded as auxiliaries to nutrition more than they are at present. Nutritive material, as milk, meat-juice, eggs, and various forms of starch, ought to form a greater matter in the dietary of the sick than stimulants, whether nitrogenized or alcoholic; such materials, when assimilated, give supplies of force. Stimulants may assist in their assimilation, and do so; but, in themselves, stimulants only furnish limited supplies of force-bearing material. They are, however, a means by which the system may reach some of its physiological reserve fund. Such use may be advantageous or pernicious, according to circumstances; and an ill-regulated or excessive process of stimulation may give results as disastrous, as a wise and intelligent resort to stimulants may be beneficial and preservative in its consequences.

Science under Difficulties.

The French physiologist, M. Ernest Magnan, must be confirmed in his opinion of "perfidious Albion." Invited to the British Association at Norwich, to exhibit the epileptiform seizures resulting from absinthe, he was busy injecting some into the crural veins of a dog, when he and his assistants were suddenly arrested by an officer, sent by the Society for the Prevention of Cruelty to Animals. The trial took place in Norwich last month. The foreign savant did not put in his appearance, and his assistants were charged costs but not convicted.

Such an arrest and trial was a discreditable parody of justice, and it is astonishing that medical men were found sufficiently paltry to support it.

Harlem Oil in Calculus.

There is an interesting discussion of "Harlem Oil" in the *Reportoire de Pharmacie.* A century or two ago not a country in the world suffered so much from stone as Holland. The surgeon Raw cut more than 1500 patients in lithotomy. Now the disease is rare. This is largely attributed to the general use of Harlem oil, a secret remedy. An analysis of a specimen bought in Harlem gave the following result:—

Oil of turpentine,	4 parts;
Sulphur,	1 part;
Oil of juniper wood,	3 parts.

Another specimen showed equal parts of the oil of juniper wood (oil of cade) and the oil of juniper berries. The dose is 12 to 15 grains a day, in capsules.

Holland gin owes its remedial effects to the same principle. It is, or ought to be, of proof spirits, flavored with turpentine and juniper berries. Rye is ground to a coarse meal; it is then mixed with some malt and put into a fermenting tun, where it is allowed to ferment. After the fermentation has proceeded far enough the mash is put into a still and treated until all the alcohol has passed over. The distillate is then mixed with juniper berries and some salt. It is then again distilled; the product is now fine Hollands or gin. This is, however, largely imitated.

Homœopathists at the Almshouse.

In this city some feeling has been excited by the exclusion of homœopathic students from the clinics at the Almshouse. The action thus taken seems to us short-sighted, and to savor of narrow-mindedness. The benefits of such lectures should be open for all students of medical colleges chartered by the Legislature. Color, sex, or special dogma should not be considered. Science, true science, properly taught, cannot but be of advantage to all its hearers.

There is, too, an appearance of persecution in this which we dislike. Capital will be made of it in favor of any sect discriminated against.

We even agree with the *Missouri Clinical Record,* that no harm (*except to the patients*) would come from allowing homœopathic wards in our hospitals, but obliging all the physicians to state prominently on the bed-cards the full diagnosis, treatment and remedies; and give each side a chance to test the accuracy of all such statements.

Chronic Diarrhœa.

"Massive" doses of subnitrate of bismuth have been recommended in chronic diarrhœa. Dr. Puygauthier, of Paris, urges similar doses of oxyd of zinc, as high as sixty to seventy grains a day. To prevent the formation of salts of zinc, and the nausea and vomiting which would ensue, he mixes four and a half grammes with fifty centigrammes of bicarbonate of soda, and has obtained with this mixture the best results. Administered in this way, the oxyd of zinc loses its nauseating and emetic properties, whilst it retains all its power as an anti-diarrhœic.

On Circumcision.

The views of Dr. Levit, of Vienna, against the operation of circumcision as a rite, have been strenuously opposed. Certainly as a remedial measure it is of great value. In a recent discussion in the *British Medical Journal* it is acknowledged to be the *only* remedy in certain cases of self-abuse in children. One writer say: "In a large Jewish Institution with which I am connected, masturbation is unknown."

Tolerance of Bee Stings.

It is stated by an English journal devoted to apiculture that after one has received about twenty stings, from bees, within about a month, a tolerance is established to such a degree, that no subsequent swelling and hardly any pain is caused by the sting. A similar inoculation unquestionably follows mosquito bites.

Local Use of Hydrate of Chloral

Dr. Heron Watson has been lately making extensive trial, in his wards in the Royal Infirmary, Edinburgh, of hydrate of chloral as an antiseptic and disinfectant. It is used in the form of an aqueous solution of about five grains to the ounce, and also as an ointment combined with paraffin, white wax, and almond oil. It answers the purpose admirably, and is found to be a non-irritating application, while at the same time it cleans and heals sores, and keeps down the bad smell. It is also being tried as a

preservative solution for pathological specimens, and appears likely to be very useful for that purpose; but there has not yet been sufficient time to test it thoroughly.

Poisonous Anilin Dyes.

The *Journal of Applied Chemistry* remarks:—

Unfortunately we still hear of frequent cases of poisoning by the use of anilin dyes, especially arsenious fuchsin. The excess of arsenic acid can be removed, and manufacturers ought to be compelled to do so, for the bright colors are most frequently worn by children, whose tender skin readily absorbs the poison.

Correspondence.

Acute Gastritis in Remittent Fever.

Ed. Med. and Surg. Reporter:—

An interesting case of remittent fever has recently come under my observation, and after making a thorough perusal of a number of authors treating upon this common malady, I have not succeeded in finding one that speaks of the development of "acute gastritis in remittent fever." It seems as though the condition of the stomach has been ascertained with a sufficient degree of accuracy, and in a sufficiently large number of instances, to settle definitely the part which its lesions play in the pathology of remittent fever.

In Flint's *Practice of Medicine* (fourth edition, page 935), he says the appearance of the mucous membrane of the stomach in some cases denotes subacute inflammation. We find in Dr. Da Costa's *Medical Diagnosis* (third edition, page 444), where he is speaking of the variety of causes of acute gastritis, that there is a secondary acute inflammation of the mucous membrane of the stomach often met with in remittent fever. There are reported nine cases in the *American Journal of Medical Science*, January, 1845, by Anderson and Fisk. In five cases it was softened near the cardiac extremity, and in four near the pylorus, where also it was for the most part grayish, thickened and mamellonated. In five cases reported by Dr. Stewardson marks of inflammation were present.

Case.—On Dec. 5th I was sent for to see Miss Maggie G., age seventeen. On my arrival at her mother's residence, I found her in bed, not suffering very much. She said *she was not sick*, and that it was her mother who had called me. I proceeded without delay to make a thorough examination. I found that she had had a chill on the previous evening, and a violent fever subsequent; at times she was very restless, complained of a fullness in the head; tongue thickly covered with a yellowish or dirty white fur; bowels constipated; no action for three days; urine high colored; complained of some pain in the right hypochondriac and epigastric region; temperature 100°; pulse 105, full and hard. I ordered the following cathartic:—

℞.	Ex. colocynth,	grs. iv.
	Hyd. chlorid mitis,	grs. iij.
	Pul. rhei,	grs. v.

On my arrival next day, 6 p. m., her mother met me at the door, telling me her daughter was worse, and that she wanted to chat with me a moment, confidentially. She told me her daughter had been subject to these attacks repeatedly, and ever since her change of life there was deficiency in menstruation. This gave me a better understanding of her case.

The cathartic had the effect desired; pulse pretty much the same as the day before; increased pain in the right hypochondriac region; temperature 103° in the axilla; she also complained of pain in the head, of a throbbing character, and a sense of dizziness and blindness would occasionally come up before her; nausea at the stomach, very great at times; tenderness of the epigastrium. Ordered mustard poultice on right hypochondriac region. Sulphate quinine, eight grains, every four hours, also

℞.	Spts. æth. nitros,	℥v.	
	Acetate potash,	℥j.	
	Fld. ext. buchu,	℥iij.	M.

Sig. A half teaspoonful to be taken every three hours.

7th, 9 a. m. Found patient with symptoms unabated; she had rested badly through the night; a thick dirty coat covered the tongue; offensive breath; pain left the right hypochondriac and gone to the epigastrium; vomited seven or eight times through the night; the fluid ejected from the stomach was of a green or yellowish tinge; bowels inactive; pulse 125; temperature same as day before; the disgust for food is almost insurmountable; the desire for cold drinks most excessive. Thinking perhaps there would be spontaneous purging from the bowels, I turned my attention solely to the tranquilizing of the stomach. Ordered mustard poultice over epigastrium.

℞.	Creasoti,	gtt. v.
	Aquæ rosar.,	℥j.

Sig. To be given p. r. n., internally.

8th, 4 p. m. Fever still continues to rise and fall; she complains of pain in the stomach, of a burning character; vomiting constant; matter is muco-serous, of a greenish color; pulse 140, quick and small; temperature 102°; desire for cold water is irresistible; bowels constipated and a little painful on pressure; tongue heavily coated. Treatment consisted mainly in tranquilizing the stomach.

℞.	Hyd. chlorid mitis,	grs. ij.
	Bismuthi subnitrat,	grs. iij.
	Morphiæ sulphat.,	grs. ss.

Sig. To be taken every three and a half hours. Also ice water internally and warm applications to the epigastrium.

9th, 7 A. M. Case assuming an alarming aspect; patient's countenance wearing an expression of indescribable anxiety; vomiting incessant; some blood ejected; hiccough was observed through the night; the sensation of debility is extreme; fever not of an active type; breathing very rapid; pulse 150; at times the patient would be threatened with death from asthenia; bowels moved twice during the night.

℞. Assafœtidæ,
Camphoræ,
Ammoniæ muriat., āā. grs. iv.

Sig. To be taken every four hours; also cloths rung out of hot water applied to the thorax. For controlling the action of the heart, tinct. digitalis, ten drops every three hours. Still continued the ice water for the stomach.

10th, 6 A. M. Patient rested better; symptoms of a more favorable character; the tongue a little more moist; vomiting not so frequent; complained still of the burning in her stomach with very great epigastric pain and tenderness at the pit of the stomach; bowels moved once in twenty-four hours; expression much the same, with the exception of it not being quite so anxious; pulse 135; temperature 100°; breathing not so hurried. Treatment same as on the previous day, with increased doses of tinct. digitalis.

From the tenth to the twenty-fifth patient convalesced gradually. There yet remain, however, pain and soreness at the epigastrium.

Scotland, Indiana. M. BEATY, M. D.

Pneumatic Obstetrics.

ED. MED. AND SURG. REPORTER:—

I read an article in No. 25, December 19th, 1874, entitled, "Atmospheric Pressure in Obstetrics." May I be allowed to suggest an improvement? If so, I will premise by stating that my first experiment in pneumatics was conducted during the period of childhood, and consisted in the use and application of a simple instrument, composed of a circular piece of sole leather of about three or four inches in diameter, pierced in the centre, to allow of the passage of a stout cord with a knot on the end. The mode of application was, to soak the leather in the water of the street gutter, and then, with the foot, press it down upon a loose brick in the pavement, to which it would adhere with a tenacity equal to one thousand pounds to the square inch. [With some allowance for miscalculation].

Now I would suggest the application of this simple instrument, in labor, instead of the complicated apparatus described in No. 25. *Directions:*—Soak the leather in tepid water; apply it to the head or presenting part of the child; give the string into the hands of the female attendants, who may be counted on to the number of five or six of the patient's neighbors; and who, after having spent the allotted time in gossip, and in officiously advising catnip tea, etc., attempting to push the patient's spinal column out through her abdomen; dislocating her shoulders, and pushing her knees up under her chin, I say, to them give the cord, open a door and start the traction in that direction. If the child should come with a jerk, or the string break, and land your assistants outside of the room, shut the door and quietly abide your time, considering meanwhile the causes of failure in atmospheric obstetrics.

Hamilton, O. H. BEAUCHAMP, M. D.

[Joking apart, it was the observation of precisely that toy that suggested to Sir James Y. Simpson his pneumatic method of delivery.—ED. REPORTER].

Chloroform in Congestive Chills.

ED. MED. AND SURG. REPORTER:—

I have been in the habit of using chloroform in the cold stage of congestive chills, and also ordinary intermittents, for several years past, and have never found anything that would bring on reaction more speedily. The following case, which I transcribe from my case-book, will show its effects.

On the 5th of July, 1874, I was called in haste to see Patrick O'Connor. The messenger informed me that he was laboring under his third sinking chill. On my arrival I found my patient pulseless at the wrist; feet and legs cold; constant nausea and vomiting; had had two attacks of syncope; in short, I supposed my patient would never react. Synapisms were applied to the stomach and epigastric region, and the extremities rubbed with liquid ammonia. Hot baths could not be used, owing to syncope coming on immediately on attempting to raise him up. I immediately put him on six drop doses of chloroform in sweetened water, to be repeated every fifteen minutes. After taking the second dose he was much better; pulse returning at the wrist; nausea and vomiting entirely stopped. In one hour from this time reaction was entirely established; the fever soon passed off, and after the free use of quinine, he had no return of the chills.

Remarks. As I before said, I have been in the habit of using this remedy for several years past. The first case was a negro boy, who was laboring under his second chill. He had obstinate vomiting; the whole array of remedies was brought to bear in this case, but to no purpose. Chloroform was substituted, and in a comparatively short time reaction was fully established.

It appears to fulfill the following indications: 1. It allays nausea and vomiting. 2. It allays the pain in the stomach. 3. It equalizes the circulation. 4. Reaction is never excessive after its use. I have used chloroform in the hot stages of intermittent, and with the happiest results. It appears to allay nervous excitement, and by so doing quiets the heart's action. I have also used it in the treatment of pneumonia, in from five to ten drop doses every two hours. It allays the cough and all nervous excitement, and appears to cool down the fever.

Philadelphia. RUFUS K. HINTON, M. D.

News and Miscellany.

Philadelphia County Medical Society.

The next Conversational Meeting will be held Wednesday, Jan. 27th, 1875, at 8 o'clock P. M., at the Hall of the College of Physicians. Dr. Cheston Morris will read a paper on "The Use of Alcohol in the Treatment of Disease." The medical profession in Philadelphia are cordially invited.

Little Rock and Pulaski Co. Medical Society.

This Society met at Little Rock, Arkansas, December 9th, and elected the following officers for the ensuing year, viz:—President, Dr. J. A. Dibrell, Jr.; Vice-President, Dr. Thomas Smith; Recording Secretary, Dr. S. D. Dodge; Corresponding Secretary, Dr. P. Van Patten; Treasurer, Dr. Wm. Thompson; Librarian, Dr. Jacob Deutsch.

Wabash Medical Society.

A number of physicians of the Wabash Valley met at Vincennes, Indiana, and organized a Society with the above title. The following officers were elected to serve until June:—President, Dr. W. W. Hitt; Vice President, Dr. A. Patton; Secretary, Dr. H. M. Smith; Assistant Secretary, Dr. A. J. Thomas; Treasurer, Dr. J. R. Mantle; Librarian, Dr. F. W. Beard.

The Social Science Association.

This Society met in this city, January 12th, to listen to a paper on "Brain Disease and Modern Living," read by Dr. Isaac Ray. The speaker attributed many of the cerebral diseases of the present day to the use of alcoholic liquors. He declared that it should not be supposed that because brain diseases do not appear immediately in hard drinkers, that they are not present. It may take two or three generations for them to develop themselves, but they will almost certainly appear. The excesses of other kinds requiring excessive brain work were also spoken of, their pernicious influences shown, and suggestions for their remedy made.

Items.

—The mortality in Providence, R. I., in 1874, was one in 50.92 of the population.

—According to Mr. Sharples, the chemist, New England rum is one of the purest liquors that can be obtained.

—Drs. Chase and Clapp, of Boston, have been expelled from the Massachusetts Medical Society, for practicing homœopathy.

—Sixteen cases of trichina, from eating diseased pork, are reported at Kankakee, Ill. Two of the victims have died, and several others are dangerously ill.

Trichinæ have also been reported for the first time in Russia, near Moscow.

—Scarlatina still continues with great severity in Providence, R. I. The total mortality from scarlatina during the year 1874 was 268, a greater number than ever before in any one year in Providence.

—A deputy constable appointed to look into the condition of the factory children of Massachusetts has made a report to the Governor. He says there are 60,000 children in that State growing up in ignorance, in consequence of their employment at too early an age, and too exclusively, in factories. This is a disgrace to civilization.

—London hospitals and charitable institutions have been for some years in the frequent receipt of anonymous gifts of one thousand pounds. It now turns out that they came from Mr. Altwood, of Chester, a rich old bachelor, recently deceased. He has given away in this manner about one and three-quarters millions of dollars.

OBITUARY.

DR. JOSEPH CROSBY

Died at Manchester, Vt., Jan. 7, 1874, of paralysis. He was born Feb. 1st, 1794; he graduated at the Academy in Fryeburg, Me., and subsequently studied medicine with his father and with Prof. Nathan Smith, of Dartmouth College, and graduated at the Dartmouth Medical School in 1816. He practiced his profession for a short tim in Deerfield, and subsequently in Epsom, Concord and Lowell. From Lowell he went to Meredith Bridge, now Laconia, and remained there about twelve years; he came thence to Manchester in 1844, and has remained there from that time till his death.

Dr. Crosby married Miss Olive L. Avery, of Meredith Bridge, in 1829, being in practice at that time in Lowell, Mass.

Dr. Crosby was a member and at one time President of the New Hampshire Medical Society; in 1853 he was Vice President of the American National Medical Association; and was an honorary member of the Massachusetts Medical Society; he was a member of the State Constitutional Convention in 1850, and was for two years in the Legislature of the State. He has from time to time been the author of valuable papers and contributions to medical publications. The profession is indebted to him for the invention of the adhesive straps, now in general use, for maintaining extension, and preventing the shortening of limbs in case of fracture; he was also the inventor of an invalid's bed, which is considered one of the best in use. The family to which the Doctor belonged has given many prominent physicians to the world.

MARRIAGES.

Beardsley — Alling.—On Thursday evening, December 24th, 1874, at the residence of the bride's parents, Birmingham, Ct., by the Rev. Mr. Pullman, George L. Beardsley, A.M. M.D., of New Haven, Ct., and Louise M. Alling, daughter of A. N. Alling, Esq.

Davie—Hillman.—On Tuesday evening, December 8th, 1874, by Rev. E. Y. Van Hoose, Judson, Davie, M.D., of Spring Hill, Ala., and Miss Annie T. Hillman, of Glennville, Ala.

THE

MEDICAL AND SURGICAL REPORTER.

No. 935.] PHILADELPHIA, JAN. 30, 1875. [Vol. XXXII.—No. 5.

Original Department.

Lecture.

CLINICAL REMARKS ON CHOREA, WITH SPECIAL REFERENCE TO ITS TREATMENT.

BY J. M. DA COSTA, M.D.,

Professor of Practice of Medicine in the Jefferson Medical College.

Delivered at the Pennsylvania Hospital, January 16, 1875.

REPORTED BY F. WOODBURY, M.D.

Gentlemen:—Before you is a case of relapse of chorea, characterized by marked symptoms; in fact, ever since admission to the hospital it has been one of more than usual severity.

We will first examine the history and indicate the more striking peculiarities presented by the case, before discussing its pathology and therapeutics.

He is a school-boy, nine years old, born in Philadelphia. He represents, and his mother confirms the statement, that he was always a healthy boy until the winter of 1872-3, when he was admitted to this hospital for an acute attack of chorea, of recent date, which affected the muscles of his body and all his limbs. The only cause that could be assigned for this seizure was his having had wet feet shortly before its onset. From this, after three months' treatment, he entirely recovered, and continued well until the first part of September, when, without any apparent cause or premonition, he had another attack, which came on while he was eating his dinner, first shown by a temporary loss of speech, soon followed by twitching of his limbs. As he did not improve, his parents brought him back again, and he was readmitted to the ward Sept. 28. At this time the note was made that his appetite was poor, the bowels regular, speech was slow and difficult, and the arms, legs, and face were constantly jerking. The urine was normal. The relapse was not quite so bad as the original attack; and in neither was there any evidence of a visceral complication.

It was in this condition that I found him on taking charge of the ward. Cimicifuga had been faithfully tried, and, although given in increasing doses until he reached a pint of the infusion daily, had failed, even when aided by a cold douche to the back of the head and neck each morning, and good diet. I then gave him (Nov. 1) the bromide of iron, in ten-grain doses, afterwards increased to twenty grains, thrice daily. From this treatment there was marked improvement, and there was every reason for believing that convalescence was at hand after a month's exhibition of the remedy—the general health was greatly improved, the nervous twitchings of the muscles had almost disappeared—when a troublesome diarrhœa set in, requiring the substitution of bismuth for the iron. Several attempts to return to the bromide were foiled by this irritability of the digestive tract, which now refused to tolerate the drug; and as its influence on the chorea now became less, on account of the irregularity of its administration, the treatment was finally changed (Dec. 26) by substituting for it arsenic, three drops of Fowler's solution being given thrice daily. As yet there is no improvement to report from this treatment. He certainly is not as well as when he was using the bromide, but he can take the arsenic with-

out disturbing his digestion. Before going further, we will carefully examine him to discover whether the chorea is complicated by, or connected with, any visceral disorder. The urine is clear, of acid reaction, sp. gravity 1018; contains no albumen or sugar, and is apparently normal. On ophthalmoscopic examination, the fundus of the eye is seen to be rather pale, but no appreciable lesion exists. The heart impulse is rather forcible, and the first sound is indistinct. There is no murmur at the apex or base, though, when he has been recumbent, a faint systolic murmur at the base has at times been noticed. As the case stands before you, the impulse is rather thumping, but there are no signs of valvular imperfection. The rhythm is perfect, the beat does not intermit. He has no headache, the tongue is flabby and slightly coated, he appears pale, and his appetite is poor. He has no cough. There is no tenderness along the spine. He has never had rheumatic pains, or swelling in the joints. By repeated questioning we can find no other cause for the first attack—which occurred in cold weather—than wetting his feet and becoming thoroughly chilled; but there was no rheumatic seizure following this exposure. The relapse occurred in the early autumn, and, he thinks, was due to much exposure to the sun the previous month. So much for the history of the case. Now a few words as to its causation and therapeutics.

With regard to the original seizure we cannot but assume that it is attributable to the exposure that his mother considered as the cause. Certainly, a boy getting his feet wet may have, as a result, chorea, but in this case there is a link wanting that would generally connect them as cause and effect, and this link is an attack of acute or subacute rheumatism, caused by the exposure, from which the chorea might be developed. You may ask, "Is chorea a common result of rheumatism?" I will say that from many observations in private practice, at the clinic of the Jefferson College, and at this Hospital, I am led to regard rheumatism as being the most common of the causes of chorea, though by no means the sole cause. The French physicians hold chorea, for the most part, to be simply an expression of the rheumatic diathesis. This I cannot agree to. Cases may occur from mere exposure, as the one before us; or may be produced by mental emotion, from a severe fright; or a highly nervous organization may inherit a tendency to the disease, as in a family that came under my notice, where the mother, grandmother and child were all afflicted with chorea. There is yet another supposition deserving mention. Hughlings Jackson considered that chorea was due to embolism of the fine vessels of the brain, especially of the corpus striatum; and the disease of the heart which, at times, accompanies this affection would seem to give some credence to this view. But I do not think that this is the general cause. It may be so at times, but it does not give a sufficient explanation to cases like the one before us, or where it is hereditary, or caused by mental emotion. Some of the worst cases I ever saw were caused by fright. I recall the case of a young girl, of healthy parents, who, though previously in excellent health, was frightened into chorea by the pranks of a chimney-sweep. While cleaning a chimney, he playfully thrust his legs through a pipe-hole into the room where she was standing. The sudden apparition of this bodiless pair of black legs threw her into a nervous tremor, which developed into chorea, with several relapses, requiring a year of treatment before it could be checked.

I have thus reviewed the causes of chorea, and indirectly referred to their connection with disease of the heart. In this case there is an obscurity of the first sound, that is very common in chorea, which is frequently accompanied by a murmur, usually mitral. This leaves out of consideration the murmur of anæmia, which may occur in almost any disease. This choreic murmur may be due to irregularity of muscular action, and is not, as a rule, caused by organic disease of the heart. It may be produced by irregular contraction of the papillary muscles inserted at the ventricular orifices, or there may be endocarditis in cases having a rheumatic history. Usually the murmur of chorea entirely disappears in time; this differs from the murmurs due to rheumatism or to organic changes. I have known it to disappear in cases where the history would lead one to expect it to be permanent. A case in my practice, that I will see today, illustrates this. A young girl had an attack of acute rheumatism a year ago. As she was recovering, last March, she was seized with choreic symptoms; she then had a marked mitral murmur, and the chorea was very severe. Being taken to the country, where she had fresh air and a generous diet, she rapidly convalesced, with the aid of bromide of iron. Since then, repeated examinations have shown the heart to

be perfectly normal. During the last week she had a relapse, and is now jerking worse than the boy whose case we are now examining, but without any disturbance of the heart. This will prove, as others I might quote, that there is no connection between organic disease of the heart and chorea, particularly as regards the causation of this disease.

In the case before us the affection is very general. It is not more marked on one side than upon the other, as is sometimes the case. When asked to show his tongue, he projects it suddenly. This, supposed to be a characteristic sign, was first pointed out by the late Dr. Todd.

In the treatment of this case cimicifuga failed. It is, at best, an uncertain remedy. Iron is often most useful in treating this disease, especially in the form of the carbonate. Zinc is also much used, in increasing doses, and is a good remedy. Another agent much recommended is arsenic, which we are now giving, but, so far, without result. We will not, however, hastily conclude that we may not ultimately derive benefit from it, as, when administered for its constitutional effect, it should be continued until some evidences are present that it is producing its impression, as shown by œdema of the face, or conjunctivitis. We will now increase the dose to five drops, taken thrice daily, in a drachm of the compound tincture of cinchona. We aid the impression of these agents upon the nervous system by hygienic measures, such as fresh air, good food, the shower bath, and friction to the spine; and these means are in all instances of the very greatest value.

I will now return briefly to the remedy we have already employed in this case with benefit, the bromide of iron. I was led to this almost accidentally, at first, but having now used it for three or four years, my experience, from the treatment of a large number of cases giving abundant opportunity to witness its good effects, induces me to like it better than any other one article in the treatment of chorea. It should be given in increasing doses, never commencing with less than five grains for a child, and rapidly increasing the dose to twenty. It may be given in plain syrup and water, in the form of a pill, or, better, in an effervescing powder. It not only affects the chorea, but also impresses the nervous system as a sedative, quieting it, and giving the patient rest. It is also a valuable agent in treating the incontinence of urine in children. It was in a case of this kind, complicating chorea, that I first observed its value; being surprised and pleased to see that, as the symptom which led to its administration improved, the chorea also diminished, and soon disappeared. Since then I have used it almost continuously. Local chorea, or clonic muscular spasm, such as twitching the eyelids, etc., in hysterical women, are sometimes cured by this drug, after the failure of other remedies. In answer to the question whether it is the bromine or the iron that benefits, I think it is the combination; that neither *alone* accomplishes the result; for you will find it to benefit cases that have previously taken iron without improvement, and, as regards the other bromides, we certainly cannot claim for them any especial value in chorea, as they frequently disappoint us. The remedy occasionally fails, as all remedies sometimes do in this obstinate affection, but it certainly is one of the most valuable agents we possess for the treatment of chorea.

Communications.

ON THE ARTIFICIAL PERFORATION OF THE MASTOID PROCESS.

BY DRS. SCHWARTZE AND EYSELL.

Translated by Dr A. SCHAPRINGER, of Milwaukee, Wis., for the MED. AND SURG. REPORTER.

History of the Operation, Including Indications.

The act of perforating the mastoid process has, for a long time, been termed "Jasser's Operation," owing to a general belief that a Prussian military surgeon of that name first performed it, in the year 1776. Forget, however, showed* that Jean Louis Petit, who died 1750, had preceded Jasser in performing this operation. In his "Trâité des Maladies Chirurgicales," published in the year 1774, after the author's death, we find allusion made to it in two places. The wording of the first place is rather obscure,† and may even leave a doubt in the mind of the reader whether that was really a case of perforation of the mastoid bone. The second case, one of abscess behind the ear, where he trephined the apparently healthy bone, he relates in the following words:—

"J'appliquai le perforatif sur l'os qui paraissàit sain à cela près d'une rougeur érisipéla-

* *L'Union Médicale*, 1860, 52.

† It runs thus: "Et l'autre (malade) n'obtint guérison que parce qu'on decouvrit cette apophyse (mastoïde) carieé, et qu'avec le gouge et le maillet on emporta par le dehors l'émail de l'os, pour parvenir au foyer de la carie, laquelle, étant traité selon l'art, on obtint guérison."

teuse dans l'étendue d'un quart d'écu : à peine eus-je usé la table externe, qu'il sortit une sanie puante et séreuse ; l'exfoliation se fit dans son temps, et le malade guérit. *On peut juger par-là combien j'ai epargné de douleurs au malade, et de combien j'ai abrégé sa guérison.*"

Jasser* evidently had no cognizance of Petit's publications, when he, guided by chance more than by anything else, entered a probe into a carious mastoid bone. He was much scared when he saw that the fluid which he injected through the opening of the bone escaped through the nose, which proves that he was not well versed in the anatomy of these parts of the body when he performed the operation, and, by it, cured his patient of a painful and dangerous disease. Encouraged by his success, he persuaded the patient, by money and arguments, to have a similar operation performed on the other side, too, where he was hard of hearing, from an otorrhœa of old standing. Here the mastoid bone was not softened, and he had to perforate it by means of a trocar, which he did, to use his own words, "in the centre of the mastoid process, somewhat towards the outer side, where the large cells take their origin." In this case, too, the result was cessation of the discharge and improvement of hearing.

Jasser's report created great sensation, and the most sanguine hopes as to the curability of deafness, from whatever cause.† The operation being performed without clearly defined indications,‡ it proved a failure in some instances (Hagström Proetz), in others it was followed by amelioration (Lœffler‖) or even by complete subsidence of the morbid symptoms, on account of which it had been undertaken (Fielitz¶). By and by the operation was looked upon as a *remedium anceps* against deafness, which, being innocuous, might well be tried after other methods of treatment had failed. Hagström first met with accidents, which passed away and were to be referred to the injection of powerful liquids into the interior of the bone, and not to the operation itself. Proet, in the year 1791, first observed dangerous febrile symptoms. In the same year the first case of death from the operation occurred at Copenhagen, which attracted great attention, as the victim was Dr. Baron von Berger, Physician-in-ordinary to the King. He died, as Boyer says, a martyr to the perforation of the mastoid process. As he advanced in age, he suffered much from hardness of hearing, tinnitus, and dizziness, and, knowing some successful cases, he insisted upon having the operation performed upon himself, in the hope of getting rid of the annoying symptoms, the tinnitus especially. It was performed by Drs. Kölpin and Callisen. Immediately after it, tepid water and *spiritus œtheris Hoffmanni* were injected, and the injection repeated the next day. The fluid did not run down the throat. Fever, sleeplessness, and delirium set in, and death ensued the eleventh day after the operation. The autopsy revealed purulent meningitis ; the mastoid process was found to be small, solid, and almost without cells. Its thickness at the place of perforation was four millimetres, and, as the perforatorion had penetrated to a depth of one centimetre, according to Kölpin's statement, the brain had been injured.* It is evident that the fatal termination of this case was due only to the improper way in which the operation was performed, and not to the operation itself.

Since that time the operation was generally discouraged, and by and by it became altogether forgotten. When Dezeimeris,† in Paris, endeavored to revive it, he had one fatal case too. He compiled the statistics of all cases where the result seemed to testify in favor of the operation, but his statistics could not bias the minds of his contemporaries in favor of this operation. Itard,‡ Bonnafont,⁋ and Rau,‖ unanimously condemn the operation.

The attention of the profession was again roused towards it when Forget (1849), and after-

* See Schmucker's Vermischte Chirurg. Schriften. Berlin, 1782, vol. iii, p. 113.

† The conclusion of his report runs as follows: "If a patient should complain of deafness, and not be afraid of being cut or drilled, which, in that region, is not connected with any danger, I would, without hesitation, repeat the experiment."

‡ Arnemann, in a paper entitled "Remarks on the Perforation of the Mastoid Process," which is an injudicious compilation from the essays of Murray and of Hagström, enumerates five indications for this operation, such as stoppage of the tubes, accumulation of secretions in the middle ear, caries of the mastoid process, and the common symptoms of all diseases of the ear.

⁋ Ueber die Durchbohrung des Zitzenförmigen Fortsatzes bei Fehlern des Gehörs.

‖ Richter's Chirurg. Bibliothek, vol. x, p. 615.

¶ Ibid. vol. viii, p. 325.

* Beck, Krankheiten des Gehörorgans, p. 69.

† *Journal d'Expériénce*, 1832, No. 38.

‡ Itard (On the Ear, vol. ii, p. 221) says that this operation is useless as well as dangerous—the severest judgment that can be passed over any surgical operation.

⁋ This author is of the opinion (p. 527) that all diseases of the middle ear are better treated from the external auditory canal "*que de frayer un passage dans cette cavité par une opération douloureuse qui réussit rarement et qui n'est pas sans présenter quelques dangers.*"

‖ See his "Lehrbuch," p. 112. He maintains that the perforation of the mastoid process is of a historical interest only.

wards Von Troeltsch and Follin (1859), published cases of otitis interna, with caries of the mastoid process, where it was successfully performed. A series of post-mortem examinations sustained the view that in many forms of inflammation of the ear this operation could be beneficial.

Quite a number of cases were now published in succession, where the operation could be proved, having been useful, or even having saved the life of the patient, in cases of inflammation of the middle ear, mostly complicated with caries of the mastoid bone.

It is pretty generally accepted now that the operation answers an *indicatio vitalis* in cases of accumulation of pus in the cells of the bone, when symptoms supervene threatening the patient's life. J. Gruber* wants to restrict it to such cases where there is a marked intumescence of the mastoid process; but this restriction seems open to serious objections. It must be admitted that in such cases there is no doubt about the diagnosis, but if we would always wait for this symptom to appear, we would often be too late. In doubtful cases the temperature of the body might well serve to substantiate the diagnosis, besides the other well-known symptoms, as violent pain in the ear and mastoid bone, which is increased by pressure, inflammatory and œdematous swelling of the parts covering this bone,† and horripilations. The increase of temperature will hardly ever be found wanting.‡

If fistulous openings have formed in the bone, they ought to be enlarged as soon as symptoms of stagnation of pus supervene, as it has already been successfully done in several cases.

Von Troeltsch has, of late, tried to enlarge the field of this operation,§ and tried to substantiate, on anatomical ground, the assertion that there is no more efficient remedy in cases of prolonged otorrhœa, even when there are no cerebral symptoms, and the mastoid process is outwardly healthy, than the perforation of this part of the temporal bone.

Experience has shown that apparently insignificant cases of otorrhœa often terminate fatally, "when they are due to an accumulation and inspissation of mucus in the cells behind and above the tympanic cavity" (Von Troeltsch). It is evident that the accumulating masses can be more thoroughly removed through an opening posterior to the ear than through the external auditory canal, even if a curved nozzle were introduced into the tympanic cavity, according to Von Troeltsch, a rather dangerous proceeding, as has already been pointed out by Wilde (see *Med. Times*, 1861, May 11th).

The results of only few operations, undertaken from the latter point of view, have been published as yet, which induces us to publish our own cases, although they are not apt to corroborate the theories that have been laid down concerning this operative procedure.

The danger arising from an artificial perforation of a healthy mastoid bone is not always so trifling as one is likely to suppose. We had no actually fatal case, but once there was such violent reaction (the temperature rose as high as 41.8° C.) that there was reason to fear for the patient's life (see Case 57). In some instances the bone proved to be solid to such depth that, as we were afraid to penetrate any further, the operation proved to no purpose (Cases 31 and 54).

We are firmly convinced that by certain improvements on the methods of operating, of which we shall speak later, the results will become more satisfactory than they have been.

* See his "Lehrbuch," p. 549.

† It needs hardly to be mentioned that inflammatory swelling in the region of the mastoid bone may also be due to genuine periostitis, without any complication in the middle ear.

‡ The results obtained by the auscultation of the mastoid cells, according to Laënnec, are altogether unreliable. Ménière claimed to have recognized an obstruction of the mastoid cells by a bruit confined to the cavum tympani.

§ See Virchow's Archiv, vol. xxi, p. 295, and Pitha and Billroth's Handbuch der Chirurgie, Krankheiten der Ohrs, p. 53.

CASES OF PUERPERAL CONVULSIONS.

BY DR. R. B. CHRISTIAN,
Of Fulton, Ark.

Case 1.—I was called, on the morning of November 12th, 1872, to attend Mrs. P. (primapara), in labor. I arrived about 1 o'clock, P. M., the distance from my office being seven miles. Those in attendance on my arrival stated that Mrs. P. had had two convulsions during the morning. I found Mrs. P. a very young, robust and healthy looking little woman. She was suffering at the time with severe pain in head and back, and also seemed very nervous and excited. Upon an examination I found that labor was progressing very well. Shortly after my arrival she was attacked with a very severe convulsion. I labored under the opinion that as soon as the child was born the convulsions would cease. In this, however, I was mistaken.

One hour after the delivery of the child was completed (which passed off well), she was attacked again with the convulsions, and she continued having them at intervals of one hour. I could get her to swallow nothing. I applied cold water to the head very freely, and made hot applications to the extremities. In the meantime I had dispatched a messenger for my hypodermic syringe. When this arrived, about eleven o'clock that night, Mrs. P. had had about twelve convulsions, and was then having them every half-hour. I at once injected under the skin one-fourth grain morphia, immediately after which a convulsion came on, but she had no more for two hours; she was then attacked with another. I repeated the injection of morphia, shortly after which her breathing became natural and quiet, she had no more convulsions, and in a reasonable length of time made good her recovery.

Case 2.—I was called about daylight on the morning of January 9th, 1875, to see, in consultation with Dr. L., Mrs. F. (primapara). Upon my arrival, at seven o'clock, A. M., Dr. L. informed me that Mrs. F. had given birth, on the previous evening, at three o'clock, to a well matured and healthy child. The delivery, he stated, was difficult, it being a shoulder presentation. He also stated that Mrs. F. had had three convulsions previous to birth of the child, and in all, up to my arrival, had had thirty-six convulsions, and was then having them every half hour. He had administered bromide potash in large doses, also morphia, lupulin, laudanum, etc., as long as she was able to swallow; since she had become unable to swallow, he had given nothing. I found her extremities warm, and pulse very good, considering the circumstances; I immediately suggested the hypodermic injection of morphia. Dr. L. consented for me to carry out the suggestion, but thought it useless. I at once injected one-fourth grain morphia, under the skin on the arm, immediately after which she had a convulsion; one hour elapsed before she had another; in the interval, however, I had repeated the injection of morphia. One hour elapsed again before she had another, and, as before, in the interval, I again repeated the injection. Two hours now elapsed before she had another; I again repeated the injection and increased the dose. The convulsions now ceased entirely, she dropped off into a heavy sleep, attended with labored breathing, which lasted till twelve o'clock, P. M., when her breathing became quiet and natural; in a short while she got so she could swallow and talk, and by noon the next day said she felt very well, with the exception of being very sore.

Remarks.—The two women who were chiefly concerned in the above cases remain as living witnesses to the great value of morphia in connection with the hypodermic syringe as a remedy in puerperal convulsions. I think when morphia is used in such cases as the above, it should be administered freely until its effects on the system are well pronounced. I give these two cases to the profession, and those who have used other remedies and have been unsuccessful in the treatment of puerperal convulsions, I trust, will in future try the use of morphia, as I have done, in treating one of the most fatal and horrible of diseases.

CASE OF CHOREA, WITH PERICARDITIS.

BY T. CURTIS SMITH, M. D.,

Of Middleport, O.

In the preceding volume of this journal I published several cases of chorea, and stated (in substance at least) that I had not yet met with a case of chorea that had not yielded to the plan of treatment there recommended, but granted that there were cases that had been found to be incurable in skilful hands. Since that date a case of utter failure and death has occurred, but was complicated with pericarditis. If I had not published the former cases I would not this one; but we should be just to ourselves and readers, by showing both sides of the picture.

On the morning of December 25th, 1874, I was called to see a little girl, nine years old. I found her very pale, nervous, pulse rapid and feeble, pupils widely dilated, skin cool, no pain except that referred to the upper part of the sternum and throat; the respiration was rapid, tongue heavily coated. I noticed an inability to sit or stand still, as there was constant moving (not jerking) of the hands and feet, the head moving from side to side, but all voluntary movements were accomplished, apparently, with as much ease and certainty as usual. The mother stated that she had not seemed very well for two or three days, but that she ate heartily, slept well, and played as usual with the other

children. At my first visit she was up and running around the house as usual.

I ordered:—

℞. Santonine, grs. xv
Calomel, grs. iij.

in three powders, four hours apart, to be followed with

℞. Ol. ricini, ℥j
Ol. terebinthinæ, gtts. xx.

This was given because, first, the alimentary tract seemed to need cleansing, preparatory to future treatment, in case chorea developed, which I fully expected, and second, because I knew the child had occasionally been troubled with large round worms.

On the 26th, I learned that the physic had acted well, and a few worms had been evacuated. Examination proved the case, however, to be worse in every particular noted before, with the additional observation that the pulse was irregular, and rattling away at about 160 per minute. By auscultation I now detected the heart laboring fearfully, and the unmistakable evidence of fully developed pericarditis. This, with the fact that the choreic symptoms were rapidly becoming still more aggravated, caused me to pronounce an unfavorable prognosis. The child even then was sitting by the stove in her father's store, and had been running about the house and premises freely during the morning. This I looked upon as an unusual circumstance in a case of so much gravity.

℞. Tr. digitalis, gtts. x
Fl. ext. ver. viridis, gtts. ij. M.

Sig. Take every two hours, in above quantity; also to have infusion valerian, four drachms, morphia acet., one-twelfth of a grain, from one to four hours, as the pain and jactitation or cough seemed to demand. I should have remarked that the pain in the cardiac region was becoming intense, cough troublesome, respiration rapid, expression of countenance exceedingly anxious. The child was placed in bed, and perfect rest and quietude ordered. The diet to be light and nourishing, consisting mostly of milk, light broths, toast, etc. This plan was continued unchanged till the 28th, with no change in the case except a gradual slowing of the pulse, at which date it was down to 96 per minute and quite regular, but the chorea was rapidly developing. At my request counsel was called, in the person of Dr. D. C. Rathburn, of this place. The diagnosis was confirmed, and treatment continued the same, with the addition of a blister, 3x6, over the left breast, running up and down. She had slept and eaten but little up to this date, and passed a very unquiet night, but on the morning of the 29th she was less nervous, the chorea was less frightful, she slept some, and took a little food. The secretions had been correct and free all the time. Hopes were now entertained of recovery, and Dr. R. pronounced a favorable prognosis, which was still contrary to my own opinion. She remained apparently better, and a little improved under this treatment, till January 3d, when the choreic symptoms redoubled their former fury. Stimulants and nervous sedatives were used freely, to no avail. It will be in order to state that the pulse ranged from 90 to 100; the pericardial inflammation seemed to be subsiding without leaving a very large quantity of fluid in the sac. The digitalis had for several days been given only every six hours, and the verat. viride left off entirely. From the 3d to the 6th the chorea gradually but steadily increased, till death, from complete exhaustion, relieved the suffering. During these three days all the nervous stimulants were tried to their full extent, separately and combined, and also narcotics and hypnotics, in fearful doses, but nothing seemed to exert any perceptible influence whatever in the case. I have given a running, and somewhat disconnected history of this unhappy case, but hope I have made all the salient points sufficiently clear to be satisfactory to the reader.

Medical Societies.

BALTIMORE MEDICAL ASSOCIATION.

REPORTED BY J. W. P. BATES, M. D.

Embolism.

Dr. Jno. Morris said: Among modern scientific studies I know no one more interesting or practical than embolism. When I first commenced the study of medicine, more than thirty years ago, the whole theory was unknown; even so late as 1869 Dr. Farr, in a letter to the Registrar General for England, calls it "the unknown disease." It is true that as early as 1837, Legroux, and a few years later Langier, hinted at the possibility of clots being washed into the extremities, in explanation of cases of gangrene, but the hint was overlooked, and for nearly thirty years diseases of an obscure character, having a sudden termination, were allowed to remain unexplained by physicians and coroners. The Germans, those great investigators

and workers of modern times, were the first to bring the great mystery to light. To Virchow, perhaps, more than any other, are we under obligations for the discovery of the great facts concerning embolism, now so plain to us all. He, more than any other pathologist, deserves the credit of elucidating and explaining its effects on the human economy. The English always follow in the wake of German research or French theory; therefore we are indebted to Kirkes for the knowledge that clots may be carried from the cardiac valves to the brain, causing aphasia, softening, and oftentimes sudden death. Before proceeding to explain the general theory of embolism, as described by Virchow, Cohnheim, Paget, and others, I will take the liberty of relating two cases in my own experience, confirmatory of Kirkes' views, before given.

Mr. De W. arrived at his home after a journey of four or five days from New Orleans. When he reached the depot he was entirely aphasiac and unable to give directions of any kind as to the street in which he lived, or the number of his house. About two hours afterward I was sent for, and found him in the following condition: pulse weak and interrupted in character; heart sounds feeble and confused, the heart itself appearing to be somewhat enlarged and suffering from fatty degeneration; his face livid; marked dyspnœa; entirely free from pain; perfectly conscious but unable to articulate or give by writing any account of his case, and even to this time he has no recollection of the exact date of his attack. There were no symptoms of paralysis save a very slight contortion on the left side of the face, which disappeared in a day or two. Dr. Riggin Buckler, who attended him with me, coincided in the opinion that the symptoms were due to heart trouble, though neither of us suspected embolism at the time. In a few days, the aphasia entirely disappeared, also the lividity of the face, and the dyspnœa. He continued to improve for ten or twelve days, when, without any aphasia, paralysis or other physical symptom, his brain powers became partially impaired. He could converse rationally about himself and his condition, but appeared to lose all recollection of place. He insisted that he was not at home, but in Augusta, and contended that a stream of water ran in front of his house. He had the morning paper before him, which he read intelligently, related to me its contents, but could not understand how it could reach Augusta on the morning of its publication. This peculiar mental condition lasted for several days, when it gradually disappeared, and since that time he has shown no impairment of mental power. At this time it did not occur to Dr. Buckler and myself that this singular aberration of intelligence was due to embolism, but a few days afterwards some phenomena occurred which gave us, we think, a key to the whole case. Suddenly, and without any precursory symptoms, coldness of the whole of the right forearm took place, and pulsation entirely ceased in the arteries, at least none could be discovered at the wrist. This condition lasted for ten hours, when the forearm regained its normal heat and circulation. Since that time there has been no unusual manifestation. From this moment Dr. B. and myself were convinced that all the foregoing symptoms were caused by clots being carried to the vessels of the brain and arm.

My second case is one to illustrate softening of the brain and speedy death. Mr. H. P. B., an inmate of the Maryland Inebriate Asylum, was suffering from aphasia and general loss of muscular and nerve power. He had had two slight attacks of paralysis previously, but had recovered the use of his limbs and walked about with the greatest ease. On the morning of his death he took his breakfast as usual, and afterwards walked to the gate with the housekeeper of the institution, opened it for her, bowed, and started to return. He had taken but a few steps when he fell down dead upon the pathway. Knowing the previous facts of his case, and particularly the circumstance that he had heart trouble, I am convinced that the cause of his sudden death was embolism, but as no post-mortem examination was allowed I cannot prove the accuracy of my conviction. A case, however, described in the *Lancet*, similar in its termination, in which an autopsy was allowed, will, I think, to a great extent confirm my opinion. The details of this case are almost sensational:—

"A man, some fifty years of age, suffers from a slight inflammation about some varicose veins in the right leg; so slight is the disease that he scarcely lays up. A few days after the commencement of his trouble he presents himself before the doctor expressing himself well, but desires a day or two more of leave to accustom himself to the use of the elastic stocking. On leaving the surgeon he is overtaken by a shower, runs a few steps for shelter, when a feeling of faintness comes over him. Tightness of the chest, gasping for breath, a weak, fluttering pulse, a countenance becoming rapidly livid, are almost all the symptoms, but in less than an hour he is dead. The autopsy reveals a rough clot, greenish yellow in some parts, almost completely filling up the inferior vena cava, the nucleus of which appears to have been provided by a detached portion of firm clot from the veins of the right leg."

In Cooper's Surgical Dictionary, under the head of thrombosis, the disease is described as "a vascular obstruction caused by any body detached from the internal surface of the heart or of the vessels," but it is to Virchow that we are indebted for our knowledge of the relation between clots in veins, or emboli in arteries, or remote veins. Before his investigations it was generally believed that clots found in arteries and veins were formed by an inflammation in those vessels. Virchow, however, noticing that the clots were often much older in appearance than had been supposed before death, that they were frequently seated at the fork which formed

the division of the vessels, that the central portion of these clots was often quite different from the peripheral, and also, that in many cases clots, similar in character to these central portions, were found in some vessels far distant from the course of the circulation, was led to examine the subject with the greatest care. The pulmonary arteries were the first to claim his attention, and he found that clots were carried from distant parts of the circulation and became impacted in them. His experiments soon showed conclusively that large clots or bodies could be carried from the veins through the heart and arteries. Step by step he pursued his investigations, and the results of his study form the basis of our present knowledge on this subject. He did not confine himself to embolism in the lungs, but extended his search to other parts of the body with the same results.

Among the results attributed to embolism are paralysis, gangrene, angina, amaurosis, mania, paraplegia, etc. One form of sudden death, undoubtedly due to embolism, is that which not unfrequently takes place in the lying-in state. A woman who is delivered safely goes on well for seven or eight days, when she is suddenly seized with a violent pain in the region of the heart or some portion of the chest, and after a few hours of terrible agony, dies. Ofttimes the fatal result is more sudden. Several cases of this character have occurred in our own city, and are perhaps familiar to you. One or two cases of this form were kindly furnished me, by my friend, Dr. A. P. Smith.

Mrs. L. was delivered of her second child without the slightest difficulty. She remained in bed nine days without complications or trouble of any kind. On the night of the ninth day she was preparing to go to bed, feeling perfectly well. Just before falling asleep she raised herself on her elbow, to adjust her pillow, when she was instantly taken with pain in the region of the heart, accompanied by extreme dyspnœa. Dr Smith saw her five minutes after the attack She was cold, pulseless, breathing with great rapidity, and died in about four hours. Dr. Buckler saw her in consultation. Diagnosis, embolism of the pulmonary artery.

Mrs. A., multipara; confinement regular; passed through her time in bed (nine days) perfectly. On the evening of the ninth day, asked the nurse to place the bed pan under her; she was seized with syncope, and died in a minute.

The condition of blood which gives rise to the formation of clots, not only exists in the lying-in state, but is, it appears, incident to the whole period of pregnancy. Dr. Kelley exhibited before the Pathological Society of London a specimen of embolism of the pulmonary artery, occurring in a woman aged twenty-one. She was six months' gone in pregnancy, and admitted to the King's Hospital for disease of the rectum. She was suddenly seized with dyspnœa, the child was expelled, and she died in two hours. The lungs were collapsed, and a clot existed at the bifurcation of the artery. There was another at the bifurcation of the common iliac vein, from which the embolus had apparently become detached.

Erysipelas, typhoid fever, and pneumonia, are diseases very liable to be followed by the formation of emboli, owing to the changes that take place in the constitution of the blood during their progress. As illustrative of this fact, as far as it relates to the last two mentioned, the following cases, furnished me by Dr. Alan Smith, may prove interesting.

Mr. F., age 56, after passing through a serious attack of double typhoid pneumonia, was convalescent, but several days after being about his room he had a relapse. Concurrent with this relapse, there was an absence of pulsation in the left wrist. Examination showed complete obstruction of the left subclavian; the arm and hand were perfectly cold; there was no return of pulsation, and death occurred in forty-eight hours.

Mr. C., age 30, had a mild attack of typhoid. On the seventh day he was apparently convalescent. On the morning of the eighth day he wakened early, and requested his wife to give him some water, stating, in answer to her inquiry, that he felt perfectly well. When she reached his bed with the water, he was gasping for breath, and expired in a moment.

Dr. Fagge showed a specimen of embolism of the middle cerebral artery, of six weeks' duration, taken from a woman aged 26. On the day of admission into Guy's Hospital she gave a cry and suddenly became insensible, being paralyzed on the right side. Next day she became conscious, but could not be induced to say more than "yes" and "no." Subsequently she sank into a drowsy condition, and died violently delirious. A loud systolic murmur was heard over the heart, and the liver was enlarged. The brain, *post-mortem*, showed its left apex atrophied and softened, and an embolus was found in the middle cerebral artery. There were emboli in the kidneys and spleen, and numerous vegetations on the valves of the heart.

Dr. Bastian showed specimens of embolism in the minute arteries of the pia mater (which he thought might be connected with the production of delirium), taken from a patient who died as a consequence of erysipelatous inflammation of the head. In the small arteries and capillaries were a large number of white corpuscles aggregated into masses, the larger being about $\frac{1}{100}$ of an inch in diameter, and plugging the vessels. Some of the masses were becoming granular. Fatty emboli masses existed also in the liver and kidney. Dr. Bastian had examined cases of pneumonia, rheumatic and other fevers, in which delirium occurred, and found similar masses. There are, no doubt, many cases of death attributed to other causes, which are due to embolism. It was only in 1866 that it appeared as a separate cause of death in the reports of the Registrar General of England. In that year eighteen deaths were reported, seven males and eleven females. In 1871 one hundred and twenty-five cases were

reported, fifty-four males, seventy-one females, and every year the number increases. It is a strange fact, that there has not as yet been a case of death from embolism reported in Baltimore. This proves how inaccurate and unreliable our health reports are. According to our mortuary statements, *colic* is a frequent cause of death, yet I venture to say that no medical man in this city ever reported it as having produced death. By our reports, about fifty died yearly from colic, but in the report for the year ending October 31st, 1872, sixty deaths are attributed to it, thus showing a painfully marked increase. In the report for 1873 there is not a single case reported, thus showing that the vulgar epidemic has vented its force.

Symptoms.—When the right half of the heart has received an embolus, and the pulmonary artery is obstructed, collapse of the lung, partial or entire, takes place. Pleurisy, hemorrhage, or bronchitis may follow, or there may be great anxiety, dyspnœa and reduction of the temperature. A systolic murmur may be heard, the heart's action irregular, sometimes pulsation of the jugulars, giddiness, and œdema of the hands and face. When emboli breaks up, septicæmia results. The temperature is very high in these cases, ranging as high as 106.

As our means of cure, or even of alleviation are very limited; absolute rest, diffusible stimulants, and proper food are the usual remedies. Sedatives may sometimes be prescribed with advantage.

Editorial Department.

Periscope.

Treatment of Burns and Scalds.

The following observations by Dr. John Morris, of Baltimore, in *The Sanitarian*, may be read with benefit:—

The first step is to remove the clothing from the patient. As rest is all important, this should not be done by the old plan of taking it off piece by piece, but by removing it by a few skillful cuts with a knife or scissors. The patient should then be instantly wrapped in a blanket, or blankets, or large masses of cotton, if at hand, so as to create heat, and thus re-establish the circulation. Patients frequently exhaust themselves by their outcries, and to guard against the depression of nervous force brought about by this cause, anæsthetics should at once be employed. Chloroform or ether should be administered in sufficient quantity to induce partial, or, if necessary, complete unconsciousness. If these agents are not at hand, large doses of opium should be given. This is all important, as the patient must not be allowed to suffer if we wish to conserve the powers of life. The dressing should be made while the patient is in this state. Carron oil, as before stated, is utterly useless, if not injurious. Of all the oils, linseed, in our opinion, is the worst, as it is the soonest to be absorbed by the atmosphere, and become dry. In cases of bad scalds of children, in which a large part of the body is involved, we know no dressing so good as a bran bed, that is a bed of bran, in which the patient may lie, and be entirely covered with a thick investment of the same. This dressing has the advantage of not requiring change, for each day, as the moist particles fall off they can be replaced with fresh bran without disturbing the patient. One of the severest cases of scald we ever met recovered by this treatment. A great deal of harm is done to patients by frequent dressings, and any method that obviates this is most desirable. Patients frequently are exposed for hours to the action of the air, suffering unnecessary pain, by the old and tedious process of dressing. The air itself does no injury, but the extreme hyperæsthesia of the skin produces a state of nervous tremor which leads to exhaustion. Any one who has seen a case of hydrophobia can readily understand this condition of skin hyperæsthesia.

In burns of the extremities there is no immediate application so serviceable to relieve pain, as hot or cold water, and, strange to say, they act equally well. If the appliances are at hand, the cold bath as practiced by Hebra is the best. Those who have visited his wards in Vienna, and seen his treatment of burns by a bed made of straps, in a cold bath, can bear witness to the successful and scientific character of this procedure. For small burns, warm water acts admirably. We have said before, that anæsthetics should be employed in all burns of an extensive character, but, before their effect is allowed to pass off, applications should be made to produce anæsthesia of the parts affected. We have heretofore used for this purpose a solution of Labarraque's chloride of soda, of the strength of an ounce to a pint of water, adding two or three grains of morphia to the solution. This has generally given great relief to the patient, indeed, in a short time destroying all the extreme sensibility. Carbolic acid has been highly recommended as a local anæsthetic, and it may be possible that a solution of it in water, in combination with morphia, might act still

better. After a free application of either of these solutions, the parts may be thickly covered with cotton batting. This helps to counterbalance the chilliness, and gives a comparative degree of comfort. In superficial burns of a limited extent, nothing is required but simple cold water dressing. Brandy should not be administered whenever opium. or ether can be obtained, as it remotely exercises a depressing influence. Strong hot coffee is the best drink that can possibly be given to counteract nervous exhaustion, or remedy the effects of shock. If brandy is given at all, it should be given with coffee. All earthy applications, such as chalk, calaminaria, etc., should be avoided, as they are not only therapeutically inert, but may interfere with the process of restoration. Local stimulation, such as the application of turpentine, or a solution of nitrate of silver, as practiced at Saint Bartholomew's Hospital, is no doubt proper treatment in the second stage of burns, but as this belongs more especially to the domain of surgery, we forbear to discuss it, as well as the treatment of the after consequences of burns, such as ulceration of the bowels, particularly of Peyer's glands, congestion of the lungs, cicatricial contractions, etc.

In conclusion, we will briefly sum up the recommendations before suggested:—

First. Remove the clothing by cutting it from the body.

Second. Wrap the patient in blankets

Third. If pain be excessive, administer chloroform, ether, or large doses of opium, and let the necessary dressing be made while the patient is in a state of partial or total insensibility.

Fourth. Produce anæsthesia of the burned or scalded parts by the application of a solution of carbolic acid and morphia. (This solution can be made in almond or olive oil.)

Fifth. After this, wrap the patient in masses of cotton batting

Sixth. Avoid brandy, and give coffee as a stimulant.

If these simple rules be followed, much suffering may be alleviated, and many a life saved, which otherwise would be lost by the ignorance and mismanagement of attendants.

Effect of Phosphorus and the Phosphates in Putrefaction.

The *Journal of Applied Chemistry* says:—In 1866 Collas showed that isinglass dissolved in water, in which was suspended some phosphate of lime, putrefied much more rapidly than usual, and also that meat chopped up and mixed with phosphate of lime decomposed very soon. He explained this phenomenon on the supposition that the organisms of putrefaction assimilate the phosphate of lime, the conditions for their development being more favorable then than without the addition of a phosphate. J. Lefort has recently repeated these experiments, and his results entirely confirm those of Collas. He has also extended them further, and shown that phosphate of magnesia possesses this power in a less degree; other salts of lime and magnesia, as well as the soluble alkaline phosphates, do not show it at all. It is well known that fish begin to decay much sooner than the flesh of animals, and Lefort refers this to the greater quantity of earthy phosphates in them. According to Bibra's analyses, the ashes of perch and carp contain 44.3 and 44.2 per cent. of earthy phosphates, while the flesh of oxen and calves contains only 20.6 and 16.4 per cent. Animal fluids which contain much phosphates, like the urine, do not decompose any more rapidly after the addition of gelatinous phosphate of lime than before.

Lefort could easily detect sulphuretted hydrogen evolved from decaying animal matter, but no volatile phosphorus compounds. From this he concluded that the ordinary explanation of the garlic odor and phosphorescence observed as being due to the evolution of phosphoretted hydrogen is incorrect. He believes that in certain stages of decomposition sulphide of phosphorus is formed, which, on coming into contact with the air, is again decomposed. The presence of sulphide of phosphorus might, under certain circumstances, especially if the decaying meat be eaten, act as a poison.

Operation on the Tongue.

The following instructive case is reported in the London *Medical Times and Gazette*, by Mr. Wagstaffe, of St. Thomas' Hospital.

James B , a healthy-looking man, fifty years of age, was admitted into St. Thomas' Hospital, under the care of Mr. Wagstaffe, March 30, and gave the following account of his illness:—About twenty-two years ago he had a white pimple on his tongue, almost like a burn; then a few nodules, like warts or small mushrooms. These would last for a week or two, and after a dose of aperient medicine would disappear for a time. The nodules, however, became gradually more permanent and larger, and five years ago he had something done to the tongue; apparently the growth, which was about the size of a small bean, was destroyed by the cautery. The growth, however, recurred, and for the last twelve months had been rather rapidly spreading and becoming very troublesome. The state of the tongue is described as follows:—The right half and the whole of the tip form a curious fleshy mass, red, glazed, and fissured, and covered with bright red, hypertrophied papillæ, some of these being single, some compound, some overhanging healthy parts. From the tip, which is wholly affected, to the back of the growth, measures about three inches. The rest of the tongue is much fissured and indurated as far back as the finger can reach. The sub maxillary lymphatic glands are rather enlarged, but possibly only from irritation. No actual ulceration of the surface at any point; no true discharge from it. A portion of overgrowing tissue was examined microscopically by Mr. Wagstaffe, and found to be composed entirely of epithelial elements and

birds'-nests in abundance, but it could not be determined how far these appearances invaded the deeper structures. He had been accustomed to use the blowpipe a good deal; had never had syphilis, and there was no history of tumor or cancer in his family.

On April 6th he was put under the influence of chloroform, and Mr. Wagstaffe made an incision from the angle of the mouth backward, on the right side, for about an inch, and arrested the bleeding which resulted from it. The tongue was now fully withdrawn by means of thick silk thread which had been carried through the tip. A strong steel skewer was passed from near the tip on the left side through to the base, and out through the wound in the right cheek, so that the whole of the growth was in front of the skewer. Next the wire loop of platinum belonging to the galvanic écraseur was placed round the tongue behind the skewer, and gradually tightened, and the mass burned off. There was no bleeding during or after this. The wound in the cheek was brought together by a harelip-pin and two silver sutures. The tongue was dressed with lint soaked in sweet oil.

8th. Some difficulty in swallowing.

9th. Mouth washed out frequently with solution of peroxide of hydrogen.

13th. Some hemorrhage from the tongue, stopped by plugging.

18th. Has been using a solution of perchloride of iron for cleansing mouth; articulates fairly.

20th. Went out; wound not quite healed.

July 10th. In perfect comfort; articulates distinctly.

October 10th. No evidence of return of growth.

The Hypothesis of Evolution.

Dr. W. Rutherford, Professor of Physiology in the University of Edinburgh, remarks in his last introductory lecture, concerning the theory of evolution:—

It is fascinating, indeed, but I beg you to remember that all this is mere *hypothesis*, it is only romance. As we shall afterwards see, we have no sufficient experimental *evidence* for believing in the spontaneous origin of living matter; nor have we, however beautiful Mr. Darwin's conception of the survival of the fittest in the struggle for existence may be, evidence sufficient to show that in past ages the various forms of life have arisen by a slow development of one into another. Even now, notwithstanding all the varieties of such animals as dogs and pigeons which we, by varying the conditions of existence and of breeding, can produce, do as we will, a dog remains a dog, a pigeon remains a pigeon.

At the same time there can be no denial of the fact that the evolutionary hypothesis has proved to be of great value in offering some acceptable explanation of many of the facts of development, such as the appearance and disappearance at an early period in the development of man of those blood vessels which are permanent in the gills of the fish, and so with other cases. Such a fact as this is intelligible, if we regard the embryo as briefly repeating its pedigree of past ages, and on no other theory yet advanced does such a fact receive so intelligible an explanation. The evolutionary hypothesis has certainly given quite a new aspect to the facts of development, and has proved to be a great stimulus to the study of this subject. At the same time, you will be good enough to remember that I am not advocating the evolutionary doctrine as anything more than a hypothesis, which, although unproved, is nevertheless of much value in suggesting a way of solving some problems which hitherto have received no acceptable explanation.

On Gastric Vertigo.

Not long since, at the Medical Society of London, Dr. Thorowgood read notes of two cases of this complaint.

Case 1 was that of a gentleman, age 45, regular and careful in his habits of life, and by no means addicted to stimulants. This patient was troubled by frequent attacks of giddiness and vertigo; at times he would fall in a faint, with transient loss of consciousness. Frequent and careful examination failed to detect any organic lesion. The face was pale; pulse slow and regular. A course of Vichy water disagreed notably in this case, and various tonics, such as iron, quinine, etc., failed to exercise any curative action over the syncopal attacks. Wine was recommended at meals; and brandy, and water whenever the attack of vertigo threatened. This treatment was regularly carried out, and the patient became decidedly worse under it. As a part of complete change in the plan, alcohol was entirely abandoned, and by degrees the attacks of vertigo and syncope ceased.

Case 2. A lady, age 35, had frequent attacks of faintness in the morning on awaking, and at other times no organic lesion could be discovered The use of alcohol always gave temporary relief; but by degrees the attacks became so frequent that the patient was alarmed at the constant necessity for the stimulant remedy. Iron, quinine, and a variety of tonics did very little good here, but a resolute adherence to claret-and-water, to the exclusion of other alcohols, as a drink, had an obviously beneficial effect. Dr. Thorowgood believed local cerebral anæmia to be the pathological condition in these cases. In certain parts of the brain the arteries were spasmodically contracted, while the venous ventricles were full and engorged. It might be said that a bloodless brain was commonly assumed as the condition in a person given to fainting, and that the proper treatment was to stimulate the heart, and to send more blood to the brain. Against this idea it was urged that practical experience showed that stimulating the heart, while it relieved for a

time, tended in the end to perpetuate the original malady. The true pathology might probably be found in the observations of Dr. Fothergill on cerebral anæmia, in the West Riding Asylum Reports, wherein were given the experiments of Cyon and Alladoff, showing the inhibitory influence of certain nerves over the vessels of the brain in causing their contraction, and limited anæmia as a result. These inhibitory nerves had been traced from the liver, up the vertebral arteries, to the brain. Irritation of stomach and liver thus propagated to the brain caused spasmodic contraction of arteries, and local cerebral anæmia, with all its recognized consequences. Alcohol, by tending to irritate the liver, would therefore be injurious. The cure of these cases, even when very inveterate, might confidently be looked for; in, first of all things, careful regulation of the supply of alcohol, coupled with moderation as to diet, regular exercise, and so forth. As medicines, columba, with bicarbonate of soda, and tincture of ginger, would be found very useful, the alkali tending to correct any acidity about the juices of the stomach induced by alcohol taken when the stomach was empty. Such acrid secretion would cause feeling of faintness, and a not unnatural craving for a little brandy. The ginger in a small dose would act as a stimulant mildly, and so relieve the craving for brandy or sherry. Subsequently the use of iron in combination with sulphate of magnesia or soda was to be recommended as a tonic laxative. By this simple method, carried out with decision, it was not too much to say that cases that had been called incipient epilepsy, or instances of very obscure nervous disease, might readily be cured.

The Elastic Ligature.

In an introductory lecture, Professor Buchanan, of the University of Glasgow, narrates the following anecdote :—

At the present time improvements in surgical manipulation are daily being introduced. Three or four weeks ago, on entering the infirmary at the morning visit, a foreign gentleman presented me a card of introduction from a friend at that time residing in Germany. The writing was not very legible, and I did not notice the name, but asked the stranger to accompany me. Standing beside the bed of a patient who was recovering from a compound depressed fracture of the frontal bone, without having had a bad symptom, I said, "We are indebted in great part to one of your countrymen for our present improved mode of treating such cases. We have been taught almost to abandon the use of the trephine by Stromeyer, of Hanover." "My father-in-law," replied my visitor. "Indeed," I exclaimed, "and you are?" "Esmarch, of Kiel." It so happened that on the morning in question I was to remove a large vascular scrotal tumor. Dr. Esmarch accompanied me to the theatre, and the patient was put under the influence of chloroform. Turning to Dr. Esmarch, I said, "It is a great pity that your bloodless method is not applicable to such a case, as I shall operate with great anxiety, owing to the exhausted condition of the man and the great vascularity of the tumor." He at once undertook to apply pressure in a way which, he believed, would prevent any hemorrhage. Being provided with a long india-rubber tube, he passed it round the base of the scrotum, across the pubis, and round the loins, and fixed it in front of the abdomen. To my surprise and delight, I removed the great mass by a complicated and tedious dissection, without the loss of any blood except what escaped at the first incision from the gorged veins on the surface. The man was dismissed with the wound quite healed in three weeks, and I have no doubt the rapidity of his recovery was in great part owing to his having been spared the loss of blood.

The Pyridine and Chinoline Series.

These two homologous series of bases are yielded by quinine, cinchonine or strychnine when distilled with caustic potash. Drs. McKendrick and Dewar, of Edinburgh, have been experimenting on their physiological action, as we learn from the London *Medical Times and Gazette*, with the following results:—

1. There is a marked gradation in the extent of physiological action of the members of the pyridine series of bases, but it remains of the same kind. The lethal dose becomes reduced as we rise from the lower to the higher.

2. The higher members of the pyridine series resemble in physiological action the lower members of the chinoline series, except (1). that the former are more liable to cause death by asphyxia, and (2) that the lethal dose of the pyridines is less than one-half that of the chinolines.

3. In proceeding from the lower to the higher members of the chinoline series, the physiological action changes in character, inasmuch as the lower members appear to act chiefly on the sensory centres of the encephalon and the reflex centres of the cord, destroying the power of voluntary or reflex movement; while the higher act less on these centres, and chiefly on the motor centres, first as irritants, causing violent convulsions, and at length producing complete paralysis. At the same time, while the reflex activity of the centres in the spinal cord appear to be inactive, they may be readily roused to action by strychnine.

4. On comparing the action of such compounds as C_9H_7N (chinoline) with $C_9H_{13}N$ (paryoline, etc.), or $C_8H_{11}N$ (collidine) with $C_8H_{15}N$ (conia, from hemlock), or $C_{10}H_{10}N_2$ (dipyridine) with $C_{10}H_{14}N_2$ (nicotine, from tobacco), it is to be observed that the physiological activity of the substance is, apart from chemical structure, greatest in those bases containing the larger amount of hydrogen.

5. Those artificial bases which approximate the percentage composition of natural bases are much weaker physiologically, so far as can be

estimated by amount of dose, than the natural bases; but the *kind* of action is the same in both cases.

6. When the bases of the pyridine series are doubled by condensation, producing dipyridine, parapicoline, etc., they not only become more active physiologically, but the action differs in kind from that of the simple bases, and resembles the action of natural bases or alkaloids having a similar chemical constitution.

7. All the substances examined in this research are remarkable for not possessing any specific paralytic action on the heart likely to cause syncope; but they destroy life, either by exhaustive convulsions, or by gradual paralysis of the centres of respiration, thus causing asphyxia.

8. There is no appreciable immediate action on the sympathetic system of nerves. There is probably a secondary action, because after large doses the vaso-motor centre, in common with other centres, becomes involved.

9. There is no difference, so far as could be discovered, between the physiological action of bases obtained from cinchonine and those derived from tar.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——With the commencement of the year Prof. Sigmund, of Vienna, starts a periodical devoted to climatology and kindred subjects. Its title is "*Vierteljahrschrift für Climatologie, mit besonderer Rücksicht auf die Climatischen Curorte.*"

——Another dictionary, a "Dictionaire des Falsifications des Aliments," has been brought out by M. Leon Soubeiran, Professor of Pharmacy at Montpellier. He is the author of "La Matiere Medicale chez les Chinois."

——The New York *Medical Record* commences the year as a weekly, $5.00 per annum. The Boston *Medical and Surgical Journal* has changed hands, and is now published by Houghton & Co., and owned by a company ($5.00 per annum). The *Psychological and Medico-Legal Journal* will, in future, be published by McDivitt, Campbell & Co., 111 Nassau street, New York.

——The new edition of the *Philadelphia Medical Directory* will appear next week, under the efficient editorship of Dr. Wm. B. Atkinson. We shall give it an early notice. Every practitioner in the city should own a copy, and every medical visitor obtain one.

——The veteran anatomist, Dr. Quain, is about to edit a Dictionary of Medicine.

——The *Archives of Electrology and Neurology*, edited by Dr. George M. Beard, published at 107 East 28th street, New York City, contains many original articles on these subjects, by American and European authorities. It appears twice annually, in May and November. Price $3.00 per year. We commend it to our readers.

BOOK NOTICES.

Pulmonary Tuberculosis. Its Pathology, Nature, Symptoms, Diagnosis, Prognosis, Causes, Hygiene and Medical Treatment. By Addison P. Dutcher, M. D. Illustrated. Crown 8vo. Extra cloth, $3.

Readers of the Reporter of some years' standing will recall various articles contributed to our pages by the author of this work. They were characterized by close observation, and a practical application of clinical facts; and we can say the same of most of the volume before us—*most* of it, not all of it—for there are passages in it which are evidently written for effect only, and are quite out of place in a scientific treatise. Such a one, for example, is that on page 289, headed "The power and grandeur of the mind." It is inconceivable what a sensible writer, like Dr. Dutcher, supposed such paragraphs would apply to or in any way avail.

Leaving out of view this unpleasant feature of the volume, it is one which may be read with profit. The author discards the inflammatory theory of tuberculosis, and holds it to be a specific disease dependent upon a morbid condition of the blood. He takes up, one by one, the symptoms of the disease, and discusses their bearing and treatment. The chapter on physical signs is much less satisfactory, as it is both short and superficial. The same may be said of that on climate, which is very inadequate to that important subject. His praise of southwestern Texas is not borne out by the army statistics of troops quartered there. The opposition to alcoholic remedies, as set forth in the last chapter, based as it is on purely theoretic considerations, whether correct or not, cannot be supported by such arguments. Nevertheless, there are many judicious hints on treatment in the work, drawn from actual experience, and therefore worthy of study.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JAN. 30, 1875.

D. G. BRINTON, M.D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

Hence, Reports of the Proceedings of Medical Societies, Correspondence, Notes, News, and Medical Observations from all parts of the country are solicited and will be gladly received for publication.

☞ Subscribers are also requested to forward copies of newspapers containing Reports of Medical Society Meetings, Marriages or Deaths of physicians, or other items of special medical interest.

The experience of *country practitioners* is often particularly valuable, acquired as it generally is by independent study and investigation. The REPORTER aims especially to furnish a medium to bring this information before the general medical public, and it is a duty to the profession to publish it.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

The Editor disclaims responsibility for any statement made over the names of correspondents.

☞ NOTICE. 1875.

EXTRA INDUCEMENTS.

Any of our subscribers obtaining one new subscriber and remitting for both before Jan. 1st, 1875, will receive either a copy of the DAILY POCKET RECORD, with his name stamped in gilt on the clasp, free, or the HALF-YEARLY COMPENDIUM for 1875, as he chooses.

A new subscriber will receive the REPORTER from now till the close of 1875 for $5.00.

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Any physician who will send us four new subscriptions, will receive a copy of the REPORTER free for one year.

The terms of our publications are as follows, payable in advance:—

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115 South Seventh Street,

PHILADELPHIA, PA.

PROTECTIVE MEDICAL LEGISLATION.

A number of States in the Union have enacted laws aiming to protect the public against ignorant, and, therefore, dangerous practitioners of medicine. The success that has attended this legislation is not yet all we could wish. It seems extremely difficult to frame a bill that will meet the requirements of the case. Shall the diploma be received as *prima facie* evidence of qualification? It should be such evidence, but, notoriously, it is not. Wretched institutions, duly chartered however, give diplomas, if not for the asking, at least for the paying. Then there are skillful practitioners who never had a diploma.

Shall we have a State Examining Board? The practical workings of these Boards in Canada seem to have been beneficial.

Something ought to be done in every State, at least to prevent the utterly unscrupulous from plying their charlatanry in the face of day, and making our profession a cloak for the committing of nefarious procedures, as harmful to the morals as to the health of the community.

This has been deeply felt in this State, and a committee of the State Medical Society is urging the Legislature to take some action in the premises. Its memorial sets forth so strongly the propriety of the step, that we make a long extract from it, and commend it to the consideration of the practitioners of the State, and to the thought of those of other States. It recites as follows:—

"The undersigned, being a committee appointed by the Medical Society of the State of Pennsylvania, respectfully represent that the interests of the people of the State require at your hands some legal protection against imposition from medical pretenders, local and itinerant, who are not only ignorant of Medical science and of the Practice of Medicine, but are frequently destitute of a common school education. Unable to secure for themselves an honest living by honorable practice, for which they have no proper qualifications, they betake themselves to a line of conduct altogether incompatible with the just claims of society; professing unusual

skill in the treatment of diseases, by the use of new methods, wonderful discoveries and remedies known only to themselves; in this manner deceiving the credulous and unsuspecting, and in the same way concealing, as far as possible, the more profitable branch of their employment —that of giving advice and medicine to persons of both sexes, with immoral and criminal inventions. We need scarcely state that such pretenders are numerous; that they are found in every city, town and village in our commonwealth; and though very generally suspected of immoral and criminal practices, by intelligent people, the latter are powerless to interfere, in existing circumstances.

"In presenting this memorial to your honorable bodies, we wish it to be distinctly understood that we are not the advocates of any special form of legislation, nor are we disposed to interfere in the least degree with the chartered rights of any of our fellow-citizens who may differ from us in the use of medicine; but we speak in behalf of the people of the entire State, who are directly interested in being made legally certain that those who offer themselves as practitioners of medicine and surgery have the proper qualifications. To be more specific, we maintain that every man or woman who attempts to practice medicine or surgery, for compensation, directly or indirectly, should have a good elementary education, such as may be obtained in a State Normal School; and in addition should be well instructed in the following branches of Medical science, viz: Human Anatomy, Human Physiology, Organic and Inorganic Chemistry, Materia Medica, Pathology, Therapeutics, Obstetrics, the Diseases of Women and Children, the Principles of Mechanical and Operative Surgery, and the proper use of Anæsthetics; and, as an evidence of this, should have the endorsement of a regularly chartered Medical Faculty or Board of Examiners appointed by authority of the State.

"The Legal profession has been and still is guarded, not only by time-honored usages of bench and bar, but by legislative enactments; so that no one is permitted to represent a client in a court of justice who has not passed through a specified course of study, and who has not been examined by a committee learned in the law, appointed by the court. All this is done that litigants in our courts of justice may not be deprived of learned and honorable counsel.

"But with regard to those who are in need of Medical assistance, being sick or suffering from injury, no such protection is afforded in our commonwealth. Any one who chooses to assume the title of Doctor of Medicine may do so, and may practice on the confidence and credulity of the people without restraint. He may even collect, under the laws of the State, exorbitant sums of money for his pretended services.

"In the education of the youth of our commonwealth, a wise provision is made that the teacher shall have the proper qualifications. To secure this, the applicant for a school is required to undergo a satisfactory and careful examination, and to have in his or her possession a certificate of competency, endorsed by the superintendent of the district. Whether the intellectual training of the child is of more value than his life, we leave for your consideration.

"The law of the State guards the property interests of the humblest citizen. It even goes so far as to protect him from imposition by the agents of irresponsible insurance companies, but against the most unblushing pretender to medical knowledge and skill, where the health and life of the citizen are at issue, there is no protection.

"Legislation on this subject in foreign countries, and in our neighboring States, has evidently a tendency to bring into our midst many incompetent practitioners or pretenders, and the want of it, in our own State, has equally a tendency to discourage young men from pursuing a thorough course of study.

"With respect to the special enactments on this subject on our statute books, we may say that they have been of very little advantage to the people of the counties over which they extend. They have been so ingeniously modified as not to apply to persons, generally speaking, over *thirty* years of age, and to those professing to be *druggists*, and the latter are very generally prescribing medicines and treating diseases, without even a knowledge of their own proper calling.

"Large appropriations of the public money have been made for the benefit of Medical Institutions in our State; hospitals have been established, in which clinical lectures are regularly delivered; charters have been granted to these institutions, with the express stipulation that a certain number of young men be admitted *gratis* every year; munificent donations have been added by public-spirited citizens of our commonwealth, so that ample *opportunities* are offered

to all who desire to obtain a knowledge of the science and art of medicine.

"An ordinary education cannot be acquired in a month or a year, nor can a knowledge of the several branches of Medical science and art, just enumerated, be obtained, except by many years of patient toil and industry. In European countries five years of special study are required of all who desire to take upon themselves professional duties and responsibilities.

"It may not be improper to add what is best known to intelligent medical practitioners, that the grave conceals the mistakes and blunders of many a pretender, who, not knowing the ailments of his patient, allows him to suffer and die for want of timely assistance, or hastens the fatal issue by injudicious treatment. Ignorance in the physician, the surgeon and the druggist, in this age of opportunities to acquire knowledge, is criminal and unpardonable."

It is signed by a number of prominent professional gentlemen from all parts of the commonwealth.

Now, there is nothing asked for in this memorial but what aims directly for the good of the people. It distinctly is not partisan or exclusive. Every respectable physician, no matter what his "school," should favor it; every enlightened public man should advocate it; every moral member of the community should aid, to the extent of his opportunities, in supporting such measures. This State is behindhand in sanitary matters. Containing, as it does, the most renowned medical schools in America, it is disgracefully backward in State medicine. It protects neither its physicians nor its citizens to the extent that half a dozen other States do. It is time that this stigma should be removed.

Notes and Comments.

Therapeutical Notes.

BROMINE IN PERTUSSIS.

Dr. Vogelsang, of Brel, in Switzerland, finds that one or two scruples of bromine, as much bromide of potassium, to a tumbler of hot water, placed in the room of a child suffering from hooping cough, affords it great relief. The mixture should be renewed three or four times a day.

SOFT CHANCRES.

As a local application in these the *Memorabilien* recommends a solution of sulphate of copper in glycerine, thirty grains to the ounce. They are said to cicatrize rapidly under this treatment.

WARTS.

Dr. Guttceit recommends rubbing warts, night and morning, with a moistened piece of muriate of ammonia. They soften and dwindle away, leaving no such white mark as follows their dispersion with lunar caustic.

PITYRIASIS VERSICOLOR.

For this disfiguring disease, Dr. Ravoth has used with success a weak solution of caustic potash; and in one instance citric acid.

On Cadaveric Poisoning.

The observation is made by Dr. Odenius, of Lund, that poisoning from the fluids of a cadaver can take place even when the operator has no abrasion or wound upon his skin. Dr. Odenius has experienced this twice in his own person, and attributes it to direct absorption. Chills and local gangrene followed. Of course, such instances are confined to those who have a certain predisposition, and a fine, thin skin, and follow from prolonged exposure to the cadaveric, putrescent fluids. The article we quote from is in the *Allgemeine Medicinische Centralzeitung*, No. 95, 1874.

Plants and Animals as Indicators of the Purity of Waters.

In some recent investigations into the purity of drinking waters, M. Gerardin found that aquatic plants were sensitive to the variation in the qualities of water; but that sensitiveness was unequal in its character. The most delicate test was that of cress (*cresson de fontaine*), whose presence showed that of excellent water. M. Gerardin cites instances in which such cress perished after a few hours, owing to the entrance into the stream of feculent water. He describes various other water plants, all more or less sensitive to the action of impure water. Among the most robust of such plants he instances the *arundo phragmites*, which resists the action of the most impure water. Among animals the mollusc known as the *Phjsa fontinalis* only exists in very pure waters; the *valvata piscinalis*, in healthy water; others supported themselves in a medium quality; but no mollusc can live in absolutely impure water.

Hence phanerogamous vegetables and molluscs indicate the different character of water in regard to purity; but infusoria, cryptogamic plants, and especially the algæ, afford also indication in the successive changes they undergo by impurification of the water. These inferior organisms survive after the disappearance of fish, molluscs and green plants.

What Determines the Sex of a Child?

This interesting question has been very thoroughly re-examined lately by Dr. Karl Mayrhofer, of Vienna, who publishes the results of his investigations in the *Medical Presse*, of that city (No. 36–45, 1874). He finds, first, that in certain plants and lower animals the sex depends upon *nutrition;* the best example of this are bees. As a rule, the most fully nourished become females.

In the human race, does this analogy hold? Is the sex a matter of nutrition, according to this analogy, or of conception? Note, first, that twins or triplets, in the *same chorion*, are always of the same sex. Nearly always there is communication between their circulation. But they are often very unequally nourished. One may be a withered abortus, the other a sturdy fœtus. Therefore the nourishment here does not decide the sex. In the rare instances where in the same chorion there is no communication between the circulations (one instance of triplets described by Hyrtl) identity of sex still remains. Therefore it does not depend upon receiving the same blood. Twins lie in one chorion because there were two germs in one oolemma. Hence human sex is a matter of *conception.* It is decided at the time of coitus. Statistically the stronger, healthier, riper party decides the sex of the fœtus. Infrequent coition tends to produce males. Dr. Mayrhofer concludes that Thury's law is, on the whole, supported by these researches.

Luxation of the Penis.

A singular instance of luxation of the penis is described by Dr. Moldenhauer, in the *Berliner Klinischer Wochenschrift*, No. 45, 1874, similar to that mentioned in this journal, from Hyrtl's *Anatomie* (current volume, page 45). A strong man, 57 years of age, was caught between a wagon and a tree, and severely contused about the inguinal region. Dr. M., tried to introduce a catheter, but in vain. The penis was almost indistinguishable. Infiltration of urine led to the performance of free incisions in the scrotum. After some days it was found that the penis was torn off behind the glans, and luxated into the left inguinal canal. Its reduction promised so much difficulty that the patient preferred to have it remain there, and recovered his health in this condition.

Ante-tetanic Pills.

The late surgeon, Mr. Peile, of Dublin, used to administer a pill which he claimed to be prophylactic of tetanus. His formula was:—

℞. Pulv, aloes hepat,
Pulv. antimonialis, āā grs.ij.
Pulv. opii, grs.iij.
Hydrarg. chlor. mitis, grs.vj.
Syrup. simplicis, q. s. M.
Et div. in pil. No. 12.

Sig—One twice or thrice daily.

They were given in cases of lacerated and punctured wounds, and tetanus, it is said, never supervened.

On Pruritus Hiemalis.

This variety of itching skin was first named and described by Dr. Duhring, of this city. He attributed it to the low temperature of the winter season, and named it in view of this theory. Dr. Muhsam, at a meeting of the Hufeland Society of Berlin, maintains that precisely similar pruritus occurs periodically at various seasons of the year, and hence is not attributable to any particular temperature. He instances two cases where it recurred annually about the close of May. Simple pruritus, it was also stated, is more frequent in South than in North Germany, hence in milder rather than in colder latitudes. Muhsam rather attributes it to anæmia of the skin.

Our Love of Bitters.

English ignorance about everything American is not quite so gross as it used to be, but is very mountainous still. A druggist, in Hull, was arrested for selling an alcoholic mixture, flavored with a bitter, and styled a "morning tonic" or "pick—me—up." Thereupon the *Lancet*, noticing the event, says such eye-openers, "although *almost universally* used in the United States, have not obtained any popularity in this country." The "almost universally" is good!

News and Miscellany.

The Woman's Hospital and Medical College.

At the annual meeting, last week, of the contributors to the Woman's Hospital, the report of the resident Physician, Mary Branson, M. D., was read. It states that during the past year the number of new patients treated was 4539, an increase of 1686 over that of the previous year, and that seventy-nine children were born in the house. The record of the training school for nurses is satisfactory, six excellent graduates being now employed in the city. Three others have secured permanent situations, and a promising corps is now on duty in the house.

Of the whole number of patients, 275 were received into the hospital, 1259 were attended at their homes, and 3005 were treated at the dispensary. The patients discharged from the hospital, including the twenty-one remaining from the previous year, numbered 269, of whom 189 were cured, sixty-six improved, four not improved, nine deceased, and one was not treated; twenty-seven patients were retained.

The new building of the Woman's Medical College, at North College avenue and Twenty-first street, is very near completion. It is now under roof, the interior is plastered and receiving the finishing touches, and the superintendent expects that the building will be turned over to the college authorities by the 20th of next month. The material used is red brick, relieved with occasional courses of white brick, the doors and windows being trimmed with Ohio stone, and the basement being of Falls of Schuylkill granite. The building is three stories high, and measures 112 in front by 60 in depth.

The Preston Retreat.

The annual meeting of the contributors to this Institution was held January 11th, at the Retreat, Hamilton street, above Twentieth. Mr. John Weigand presided.

The report of the physician in charge states that during the past year 136 women were admitted into the Institution, and that 13 remained from the previous year, making a total of 149. The number of births was 141, of which 86 were boys and 55 girls, including three pairs of twins. The total number of patients thus far admitted to the Retreat is 811, of whom 70 have been admitted twice, 5 thrice, and one the fourth time.

The Presbyterian Hospital.

At a meeting of the trustees last week, the annual report was read. It opened by stating that, notwithstanding the depression in business, subscriptions and donations have been received amounting to $8085.28; collections from churches, $3893.89; from the estate of the late Jesse George, $3000; legacy of A. D. Campbell, $1000; legacy of Wm. Stevenson, $1000; Mrs. Grace Brown, $15,000. Total, $31,979.17. Disbursed by the Superintendent, for supplies, $18,809; repairs, etc., $2037.24; on account of the pavilion ward, $9606.42.

Prof. Hastings presented a report for the month, showing that 34 patients had been admitted, 32 were discharged and one died. During the year 1000 patients were admitted, 876 were discharged, 76 died and 48 remain in the hospital. The balance remaining in the Superintendent's hands was reported to be $84.49. During December, 1874, 275 prescriptions were given.

The Homœopathic Hospital of Pennsylvania.

Special efforts are being made by the friends of this hospital, which was chartered by the Court of Common Pleas last March, to raise a million of dollars for the purpose of erecting suitable buildings.

An Undoubted Centenarian.

Phœbe Thomas, a well known centenarian of Delaware county, in this State, died January 19th, at her home in Wilmington, Delaware, in the 105th year of her age. The date of her birth and the facts of her life are said to be thoroughly well authenticated by the records of the Friends in Delaware county. She was the daughter of Robert and Elizabeth Mendenhall, and was born in Concord township, Delaware county, July 7th, 1770; "the seventh day of the seventh month, seventeen hundred and seventy." Her grandfather was Benjamin Mendenhall, who came to this country in 1686, and one of whose daughters married John Bartram, the distinguished botanist.

Mrs. Thomas lived in Media for some time subsequent to 1870, and more recently with relatives in Wilmington, where she died. She said that she remembered the roar of artillery at the battle of Brandywine and Germantown, and that in April, 1789, she saw George Washington passing through Darby on his way from Mount Vernon to take his seat as first President of the United States.

A Strange Story.

The Lancaster (O.) *Gazette* says: "Mrs John Wachtel, an old resident of this city, some twelve years ago ran a needle in her breast, and failed to have it extracted, as it never occasioned her either pain or inconvenience. A few days since, however, the lady felt a strange pricking sensation in a bunion on one of her feet, and upon examination found the point of a needle protruding from the excrescence. With but little trouble it was taken out, and it appears to be the same needle she lost in her breast a dozen years ago."

A Good Temperance Anecdote.

"Would a little spirits now and then hurt me much?" asked a patient of his physician. "No," said the doctor; "a little spirits now and then would not hurt you much; but if you don't take any, they wont hurt you at all."

Philadelphia County Medical Society.

A special meeting will be held Monday, February 1st, 1875, at 8 o'clock, P. M., at the Hall of the College of Physicians.

Dr. Washington L. Atlee will deliver his retiring address as President. Subject—A Retrospect of the Struggles and Triumph of Ovariotomy in Philadelphia.

The medical profession in the city are cordially invited.

Personal.

—Dr. John W. Weed, of Metuchin, died on Thursday, January 7th.

—Dr. William E. Rossiter, of Bridgeport, Conn., has just died from the effects of inhaling ether, which he was administering to a patient four weeks ago. It produced symptoms similar to those of typhoid fever and diphtheria.

—Dr. John S. Crane, of Goshen, N. Y., an old and highly esteemed Friend, died at an advanced age on the afternoon of New Year's day. He was one of the most highly respected citizens of Orange county, where his name will be held in lasting and loving remembrance.

—Dr. Peleg Clarke, one of the oldest physicians of Rhode Island, died at East Providence, on the 1st inst., aged ninety years and five months. His ancestry were long-lived, his father, grand-father, and great-grand-father having lived respectively to the advanced ages of eighty-one, eighty-four, and ninety-seven years. He practiced medicine in the towns of Johnston, Scituate, Cranston, and Coventry, for upward of sixty years.

Items.

—The mortality of Berlin in 1873 (excluding still born) was 28.29 per 1000.

—A somewhat severe epidemic of typhus is reported in Silesia this winter; it is attributed to over-crowding.

—According to the official report of the Mayor of Providence, R. I., under the operations of the new prohibitory law just put in force in that city, there are more places where liquor is sold than ever before, and rowdyism and disorder are on the increase.

QUERIES AND REPLIES.

Taraxacum.

Dr. S. J., of Ind.—The English species of Taraxacum is identical, we believe, with that in this country. That the English extract is more efficacious (as you assert) than the American, can only be explained (if so) by the greater care in its preparation. It is also possible that the difference in climate increases the remedial power of the plant.

Prescription Writing.

Dr. R. S., of Ills.—1. We advocate writing prescriptions in good English rather than in bad Latin; the objections to English are puerile. 2. In Belgium the decimal weights are used by law, and physicians are not allowed to employ the old weights and measures in prescriptions.

Dr. P. S. R., of Pa.—There has been no appropriation for the second part of the Surgeon General's Report.

Dr. Adam P., of N. Y.—Naphey's Therapeutics is out of print.

MARRIAGES.

DOY—HARPER.—At Waddington, N. Y., on December 24th, 1874, by the Rev. R. W. McCormick, W. C. Doy, M. D., and Frances A. M. Harper, all of Waddington.

EVARTS—SHACKELTON.—On Tuesday, December 15th, at the residence of O. O. Shackelton, in Brooklyn, by Rev. E P. Ingersoll, Herman C. Evarts, M. D. of Albany, N. Y. and Lucy M., daughter of Benjamin Shackelton, Esq., of Jersey City.

FOYE—CHALMERS.—By Rev. W. D. Thompson, Dec. 31st, 1874, Johnston E. Foye, M. D. and Mary H. Chalmers, daughter of James and Isabella S. Chalmers, all of New York.

LOCKWOOD—BERAUD.—At New Orleans, Dec. 29th, Dr. J. E. Lockwood, of New Orleans, and Miss Annette Beraud, daughter of Joseph and Pauline Beraud, of Plaquemines, La.

WARNER—SHAW.—On the 7th inst., by the Rev. V. D. Reid, D. D, at the bride's residence, Dr. Samuel H. Warner, of Philadelphia, Pa., and Miss Sallie, eldest daughter of Nathan Shaw, Esq., of Camden N. J.

THOMPSON—FRUCHEY.—By Rev. J. B. Strain, Dec. 24th, in Columbus Grove, Ohio, at the "Grove House," W. H. Thompson, M. D., of Winemac, Indiana, and Miss Mollie E., daughter of J. B. Fruchey.

DEATHS.

BONNER.—In Cincinnati, O., Tuesday morning, December 22d, of consumption, S. P. Bonner, M. D., aged 37 years and 10 months.

CORSON.—In Trenton, N. J., on January 2d, Caroline Steever, daughter of Dr. Thomas J. and Mary K. Corson, in the 17th year of her age.

DUNHAM.—In Trenton, N. J. on the 24th December, Anna L., wife of Dr. C. H. Dunham, and eldest daughter of Amos Sickel.

FARRAND—KIMBALL.—At Colon, St. Joseph Co., Mich., at the residence of the bride's parents, Dec. 24th, 1874, by the Rev. J. B. Gilman, of Manchester, Mich., Charles H. Farrand and Miss Henrietta Kimball, only daughter of H. C. Kimball, M. D., all of Colon.

HOUGH.—At Florence, in Italy, on the 10th inst., Sarah Macomb Hough, wife of Dr. John Stockton Hough, and daughter of the late Wm. Wetherill.

MUSGRAVE.—In Cincinnati, O., H. B. Musgrave, M. D., December 25th, aged 63 years.

PRESTON.—On the 29th, December, 1874, at Kansas City, Mo., Dr. Milner M. Preston.

THOMAS.—In this city, suddenly, on the 11th inst., Dr. F. R. Thomas, aged 31 years.

PENNYPACKER.—On Tuesday morning, Jan. 5th, Captain Samuel Davis, aged 71 years. On Wednesday morning, January 6th, Mary W., daughter of Dr. N. A. and Lide D. Pennypacker, granddaughter of Captain Samuel Davis, aged 3 years.

WISHART.—On the 13th instant, Henry R., son of the late Dr. L. Q. C. and Ellen Wishart, aged 31 years.

WOOLSEY.—On the 14th instant, at 3 o'clock A. M., Annie E., wife of Dr. William F. Woolsey.

WELLS.—On Saturday, January 9th, at 11 P. M., at 259 West Twenty-first street, New York City, Robert, only son of Dr. George W. and Emma G. Wells, aged 3 years, 3 months and 26 days.

THE

MEDICAL AND SURGICAL REPORTER.

No. 936.] PHILADELPHIA, FEB. 6, 1875. [VOL. XXXII.—No. 6.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

NOTES ON HEADACHES.

BY S. WEIR MITCHELL, M. D.,
Member of the National Academy of Sciences.

In Nos. 908 and 909 of this Journal, I dealt with the subject of certain types of headache, and as there still remain some forms of this disorder which are either undescribed, or ill-described, I do not hesitate to ask anew the attention of your many readers to this always interesting subject. I do this with the more satisfaction, because, since writing my last articles, I have received a number of communications from physicians recognizing the value of some of the hints which a large experience enabled me to give.

And first, as regards the headaches from eye strain. Of these, since writing of them, I have seen, through the kindness of physicians chiefly at a distance from here, some notable cases which have yet further enlarged my experience. I have mentioned, pp. 82 and 83 (August 1), that astigmatism, disorders of accommodation of the eye, and defects of power to converge or diverge the optic axes, are alike the causes of head pains. The competence of the latter defects to give rise to pain is undoubted, and it is not hard to see how the constant effort to force a feeble muscle up to its work might produce fatigue of the centre involved, although, why this form of over exertion should by and by occasion pain is less easy to see; but, in fact, the causation of intra-cranial pain is as yet so thoroughly obscure, that we altogether lack the means of comprehending its true site, and the mechanism of its origin. While, for example, we know that the cerebellum does not feel pain from direct irritation, we also are aware that many cerebellar growths, even those which do not increase the cranial contents, and do not cause meningitis, may yet give rise to horrible torment. This may serve as an example of the peculiar difficulties of the subject, and, indeed, seems to make it likely that many insensitive parts of the brain may, from over use, strain or disease, become the parents of pain, probably by reflected disturbances of sensorial centres, such as we often see exhibited in many forms of disease.

It is still less easy to see why astigmatism should bring about similar results, since in some forms of defective vision, such as atrophy of the discs, it is common to observe an utter absence of the head pains.* The one trouble, like the other, must involve long and constant effort, yet I am quite sure the one is far more often a cause of pain in the head than the other.

There is yet another point to which I should call attention, because I have again and again seen it curiously illustrated, and because it is so apt to mislead. A man has astigmatism, or other defect of vision, during years of perfect health. He does not feel the trouble. He does not know that it exists. Then comes an illness, a fever, a dysentery, or he has a period of domestic or business anxiety, and at once begins to have headache and sense of strain; at first only during long use of the eyes, then after brief use, or any attempt to write or read. By and by the mere exercise of the brain in think-

*Perhaps astigmatism is rarely present without coincident defects of accommodative capacity.

ing gives pain, and naturally he is told that he needs rest, that he has been over-worked, and so on. At last we discover that he has an eye trouble. It is carefully corrected, and slowly or speedily, but surely, the whole range of head troubles disappear, to return no more. This sequence is not rare, and is an interesting illustration of the way in which disorder or fatigue of one cranial centre may radiate mischief upon others.

In a few cases, the perturbing cause which gives force, for evil, to the eye troubles, is of such brief duration that it seems hardly possible it could have been efficient for mischief, yet the following case attests the truth of my statement.

M. C. B., æt 51, lawyer. A short, well-built man, in good health until September 7th, 1874. Up to this date he had no disease, and no sense of difficulty in the use of his eyes. At this time he experienced during one night the most intense anxiety, owing to the extreme illness of a near relative. During the night he had vertex headache, and, while writing, at times found the letters misty, or that he could not see them for a moment. The pain came on two hours later, with excitement of mind, and a feeling as if he was in peril of losing control of his actions. Early in the morning he used ice to the head, which eased him so that he slept two hours. The same symptoms, in a lessened degree, continued all next day. Then gradually he grew better, and was well on the fourth day. From this time, however, he began to have certain head troubles on reading or writing.

I saw him in October, 1874. If he read or wrote, within two minutes he began to have an uneasy feeling in the scalp, a sense of heat in the head; and soon, if he persisted, a dull sense of increasing pain, chiefly on the top of the head, or at the back. After using the eyes an hour, the pain became fixed on the vertex, and lasted all day. Rest, and a stay at the seashore brought relief; new use of the eyes restored the pain to its old seats. The heart, kidneys, and stomach were healthy. There was no vertigo, no ear troubles, no numbness.

After repeated study of his case, I felt sure he had ocular defects; and therefore, explaining my views to him, I asked him to see an ophthalmic surgeon.

Dr. Wm. Thomson, to whom he went for advice, writes as follows concerning him:—

"This gentleman, on October 7th, informed me that for a month past any prolonged attempt to read or write would cause a dull heavy ache in the vertex and occipital region, which would continue all day long, and that it had become so severe that for the past five days he had not been able to read at all. He was fifty-one years old, had never used glasses except for near work, and used for this purpose $+\frac{1}{15}$. The acuity of each eye was $\frac{20}{xxx}$, and this was further reduced by the instillation of atropine to $\frac{20}{L}$. By the ophthalmoscope and other tests, it was found that he had long sight in different degrees in the same eye, or long-sighted astigmatism, and with this exception, his eyes were entirely free from disease.

"His optical defect was found to be $=\frac{1}{17}$ for lines at 120°, and $=\frac{1}{12}$ for lines at 30°, and his acuity of vision was increased from $\frac{20}{L}$ to $\frac{20}{xx}$ or $\frac{1}{2}$ by a combination of spherical and cylindrical glasses, as follows: $+\frac{1}{12}^{s.} \bigcirc +\frac{1}{60}^{cy.}$ ax. 120°. He was directed to use this constantly, to save the strain upon his accommodation, which, before the use of atropine, enabled him, by a constant effort, to preserve his acuity of vision at $\frac{20}{xxx}$, when with paralyzed accommodation, his vision was really but $\frac{20}{L}$. His old sight was likewise corrected, for all near work, by $+\frac{1}{15}^{s.} \bigcirc +\frac{1}{60}^{cy.}$ ax. 120°; and he was directed to use the latter for all reading and writing.

"November 1st. He reported that he could not dispense with the distant glass, and that with the others he could read five hours together; could read at night; could use his eyes all day without any pain, and considered himself entirely relieved."

His amendment was indeed rapid, his relief entire, and he now uses his eyes without thought of pain or trouble.

I could give, I think, no better example of the way in which a permanent unfelt defect is lifted into evil influence, by some brief but potent disturbance of the cerebral centres.

The Headaches of Children.

On page 81 and 82 (Aug. 1st), I spoke at some length of the headaches which I have so often seen in children; but I believe that I did not make clear enough the fact that these forms of head pain are very often not to be traced to over-use of the brain, and I make this statement because I spoke of them under the heading of "Pain From Overwork," while I am quite sure that, although pain from this cause is only too common at the period of growth, we often see

examples where it was out of the question to lay the evil to this, or indeed to any obvious or controllable cause. I have seen, of late, since my last paper was written, a number of these cases, which are so monotonously alike as to make it hardly worth while to report them all. A case or two may suffice.

T. B., a slight, handsome lad, aged 13, consulted me in November, 1874. His winters were spent here, his summers in a healthy country home, from May to September. He is a clever lad, but has never been pushed hard in the way of brain work.

When six years of age, without any history of sun-stroke, he began to have, every May and June, headaches, which became less common and less severe as autumn came on. These attacks lasted three to five days, and ended in sick stomach or in diarrhœa, or sometimes the headache continued a week or two in a more trifling form. During the acuteness of the pain he was forced to stay in bed. In the next winter he had no pain, but in June, 1873, he had a terrible headache, which lasted ten days.

July 3d he had a headache which continued for three weeks, since which time he has never been one day without pain. The slightest attention, the least effort at writing or reading, reproduces the pain, which is readily relieved by open air exercise, unless this be very violent, when it also becomes a cause of new pain. As is usual in these cases, moderate steady use of the bromides, ten grains thrice a day, and an out-of-door life, proved to be the best of remedies.

At present, in January, 1875, he is able to work an hour a day at his lessons, and to read a little. Steady perseverance in this careful mode of life, with light gymnastics, and the medication above mentioned, will, I am sure, enable him, in a year or two, to go back to his full amount of mental labor.

I have quoted this case from my note books, as a fair but well marked example of the headache of the time of growth. Many of these cases, however, come on more gradually, and not, as in this case, from a background of spring headache. I have seen, in the last two years, eleven cases of headache originating between the ages of eight and fourteen, in males. In all of these it was impossible to study or read without causing pain, and in none of these was there any notable reason to suspect the eyes as a cause.

Most of the cases which I have followed long enough, grew better or well when absolutely relieved from work, when sent into the country, kept out of doors and placed under steady use of bromides. Of course, where there was reason to suspect that the general tone of health was low, or where anæmia existed, the proper treatment by iron and tonics was not neglected.

I had last year under my care a very charming little girl, æt. nine, whose case was in almost every point like that of T. B. Her pain, however, began gradually, when at the age of seven, and was first observed after violent exercise, which will sometimes, in adults unused to exertion, cause temporary pain. As soon as this child began to have lessons, the effort at attention became a cause of pain, and after this, her history resembles in every way that of the last case.

Sometimes the liability to headache is of briefer duration, and exists only while the child is exposed to causes which lower the tone of health.

C. J., æt. fourteen, a large, sturdy girl, began to menstruate at thirteen, and is now painlessly regular. When ten years old, she is said to have overworked herself in preparing for a school exhibition of music, one of those bad and useless modes of ending a school term, which are full of evil for the moral, mental, and physical organization of girls. From this time dated a liability to headache on any mental exertion. No day passed without pain, and the whole tone of health soon began to be visibly lowered. After three months my wishes were fully carried out, and she was sent to live in the country with a friend of her mother. This sensible guardian, following out my views strictly, allowed her to ride on horseback, forbade music and all books, had her to read half an hour thrice a day. Shower baths, and small doses of bromide of potassium were added a little later, and in three months she became well. A return to school renewed the trouble, and again four months out of town permanently dismissed the headaches, although ever since she has been carefully guarded against the least excess in work.

I incline to believe that this peculiar headache is more common in boys than in girls. In girls there is also, during the years of puberty, as every physician knows, a liability to headache, which may disappear when the menses are thoroughly established, but this is not to be

confused with the disorder to which I have here asked attention.

It is impossible for a thoughtful physician to see many of these cases without venturing to speculate upon their cause. We very well know that whenever an organ is called into functional activity, it finally flushes, and probably on this account rises in temperature. A few hours of steady intellectual labor causes the face, in most persons, to redden, and the feet to grow cold. It has been shown by Dr. Lombard, that under such circumstances the heat of the head measurably increases. This is the normal mechanism, but in many cases of disease the slightest exercise of an organ such as the brain at once causes the blood vessels to dilate to an extreme degree, and produces in a few minutes, and to an abnormal extent, the vascular conditions which in health are only slightly present after hours of use. In this manner occur these headaches of congestion, which belong to the period of growth, and which, in adult life, are brought about by too prolonged mental activity, under the stimulus of worry and excitement.

The same sequence of too sudden dilatation of vessels is the cause of many of the states of sudden fatigue which, in some women, especially follow every exertion, physical or mental. The ultimate cause of all of these states is often to be found in conditions of anæmia, but in every case the rapid production of excessive vasal distention is the parent of new defects of nutrition, since both anæmia and congestion alike interfere with the healthy repair of organs in use.

I am quite well satisfied that the headaches of childhood (six to fourteen years) are really headaches of fulness, of congestion. The face gets more and more red as the attack is more and more severe, the head throbs when at the worst, and in some cases the temporal arteries, which do not often beat visibly in children, may be seen distended, as they are after a full dose of nitrite of amyl. I have tried several times to compare the state of the eye-ground vessels before and during a bad headache, but although I have sometimes conceived the disc to be unusually red in the time of worst pain, the difference has not been very remarkable; certainly, however, the disc does not become at these times anæmic.

The children who are thus affected are remarkably sensitive to nitrite of amyl, which, as is well known, I have for some years resorted to as a test of the congestive character of various forms of head trouble, [see Philadelphia *Medical Times*, 1872). Last week I had a curious example of this. I had just used the nitrite of amyl with perfect success, to ward off an attack of unilateral epileptic spasm, which began in my patient while I was talking to him. It checked the fit and caused no head pain. A few minutes later I allowed F. B. to inhale two drops. The effect was sudden, and the lad cried out at once that he had terrible headache. The contrast was altogether remarkable.

I cannot, I think, be suspected of having dealt too long, or too gravely with this matter of the headaches of children, when I state that these cases of head pains, which an ample experience has proved to be amenable only to fresh air, absence of work—years of such care and the simplest nerve-soothers, like small quantities of bromides—have been dosed in vain, with every conceivable drug, leeched, blistered, and so on, and that I have again and again been called to see them, as cases of dangerous promise.

In my next paper I hope to treat of some of the more unusual forms of headache in adults. Such as some forms of megrim followed by functional hemiplegia, and also certain of the headaches most common in old age, or in the decline of life.

PUERPERAL MANIA.

BY JOHN S. HUGHSON, M.D.,
Of Sumter, S. C.

There are few, if any, who have ever come in contact with mania in the puerperal period that desire a renewal of acquaintance with a malady so formidable in its features, and often so unfortunate in its termination. It, probably, occurs less frequently in private practice than in Lying-in Hospitals, even in the same proportion of cases. And Dr. Fordyce Barker, in his recent excellent work on "The Puerperal Diseases," quotes from the "Obstetric Clinic" of Professor Elliot, who says: "In Bellevue we receive a great many cases of puerperal mania, on account of the fact that so large a proportion of our pregnant women are unmarried primiparæ, and because others, of the poorest classes, who cannot be controlled at home, are sent to the hospital."

Dr. Barker himself says: "I estimate the ratio of puerperal mania to the whole number of

cases of labor to be one in eight in this hospital." In describing this affection, Dr. B. says:—"When the malady is fully developed, the patient becomes very boisterous and noisy, incoherent in her language and in her gestures. She stares wildly at imaginary objects in the air, seizes any word spoken by those near, and repeats it with 'damnable iteration,' clutches at everything and every one near her, throws off all covering, jumps from the bed, and even the most refined and religious women, when possessed with the demon of puerperal mania, will scream out oaths and obscenity with a volubility perfectly astounding."

Under the head of *causes*, Dr. Barker says "it is my firm conviction that mental emotions constitute the exciting cause of puerperal mania more frequently than all other causes combined." He further says: "I will mention a curious fact that has occurred in my experience. Since 1855, I have seen thirteen cases of puerperal mania in the wives of physicians. All but one were primiparæ. It has struck me as very extraordinary that so large a number should have occurred in one special class, and I think the following is the probable explanation: 'All of them were ladies of education, and more than usual quickness of intellect, and, beginning a new experience in life, and having access to their husbands' books, they probably had read just enough on midwifery to fill their minds with apprehensions as to the horrors which might be in store for them, and thus developed the cerebral disturbances, just as any other moral emotions may.'"

Treatment.—It being obvious that the "leading indication" is to allay the brain excitement, Dr. B. refers to the accomplishment of this under three principal points of treatment:—

"1. By restoring exhausted nerve power.

"(*a.*) By improving the nutrition of the brain;" by plenty of good, easily digested food; and in many cases the administration of tonics. Those he most frequently recommends are the tincture of the chloride of iron, the chlorate of potash, and the sulphate of bebeerine. "The latter is greatly to be preferred to quinine, from the fact that it has much less tendency to induce cerebral congestion."

"(*b*). By inducing sleep." The chloral hydrate is the medicine found most beneficial and more peculiarly applicable to fulfill this indication than any other, in the author's experience. Chloroform has not, in his hands, proved to be of much service. He says, "Chloroform is of immense value in preventing and controlling convulsions, but is of no service in producing sleep and allaying excitement in the maniacal. The chloral hydrate has very little if any influence in preventing or controlling convulsions, but is by far the best agent known for inducing sleep in puerperal mania. I usually prescribe it in fifteen or twenty grain doses, well diluted, to be repeated every two hours until the effect is produced."

"2. By combating all complications.

"(*a*). Functional." As constipation, deficiency of renal secretion, over-distention of the bladder.

"(*b*). Cerebral erethism. Maniacal excitement often produces a cerebral erethism; shown by the flushed face and red eyes; which, no doubt, was formerly often mistaken for phrenitis. It is in just these cases that the bromide of potassium is very useful. I have frequently seen great benefit from giving twenty to thirty grains once in six hours. But it does not often induce sleep, under these circumstances, and so at night I suspend the bromide, and give the chloral hydrate."

"(*c*). Local inflammations. The treatment must be adapted to the special form and locality of the inflammation, modified by the general condition of the patient."

"3. By such moral treatment as will best secure the patient against all causes of nervous excitement, and will tend to excite in her a desire to obtain self-control. This is difficult to define in words, and still more difficult to secure. It implies the greatest kindness, but no demonstration of excessive solicitude; firmness, but no appearance of governing or controlling; incessant care and watchfulness, concealed by an air of indifference; a ready tact in turning the current of thought or will, but no contradiction or impatience. Few nurses, and still fewer friends, are able to exercise all these combined qualities. The physician will better teach them to the attendants by his own manner when with the patient, than by didactic instructions."

In closing this brief summary of an interesting and instructive chapter on puerperal mania, I will notice a case falling under my care some months ago, and, though the treatment pursued was in one respect different from that recommended by Dr. Barker, it proving successful was eminently satisfactory to me.

I was called about 11 o'clock, A. M., on the 14th of April, 1873, to see ————, multiparæ, who had been confined five days before, and who, until the night previous, had been doing well. During the day of the 13th she had been much worried, mentally, in regard to relations of a domestic nature; that night she was nervous and restless, and slept but little; she took a little nourishment on the morning of the 14th, seeming better; about ten o'clock she commenced acting strangely, said she was dying, muttering to herself, not allowing attention to be given her by any one. On my arrival, I found her seated up in the bed, wild with maniacal excitement; saw visions of death, coffins, friends and children long dead; would cry piteously, then break out in a tearing rage; would allow no one to go near her, and finally, getting into one corner of the bed (which was placed in a corner of the room), and seizing a stick that was leaning against the wall, she defied the approach of all.

After two hours' watching, waiting, and using gentle persuasions (once succeeding in getting her to take into her hand a glass containing a solution of chloral hydrate and bromide potassium, but the contents were quickly thrown at the attendant, and the glass hurled from her), without accomplishing or even a prospect of accomplishing any good, I determined to try the effect of a hypodermic injection of morphine. So having her seized by three attendants, and held as well as possible, I injected into the arm near the wrist (being the only available place) one-half grain of morphine, and one-sixtieth grain of atropine; as soon as the injection began to take effect the mania commenced to subside, and in an hour, by gentle persuasion, I succeeded in getting her to take ten grains each of chloral hydrate and bromide potassium; this was repeated in half an hour, when she fell asleep, and slept two hours. Upon awaking seemed much less excited, and was more manageable. Directed the chloral and bromide, in five grain doses each, to be given every hour, and such easily digested nourishment as she would take.

April 15th. Rested tolerably well last night; lays quietly in bed; notices the child; takes nourishment; ordered the chloral and potassium solution (five grains each) every three or four hours, and a double dose at night if nervous and restless.

April 16th. Bromide potassium, twenty grains three times a day; five grains citrate of iron before each meal, and chloral hydrate at bed time. Under this treatment she improved mentally and physically for some days, then lapsed into a state of melancholia, from which it seemed almost impossible to arouse her. A change of scene and continuation of the iron, with the bromide of potassium when needed, resulted in a gradual but steady improvement, until the night of the 17th of July, when, from the effect of violent *mental worry*, she was again seized with acute mania, and when I saw her she was bound with cords to prevent her injuring herself and those around her; pursued the same treatment, immediate and after, with the same pleasing success. There has been no recurrence of the mania, and her health is permanently restored. In the main the treatment in this case was that recommended by Dr. Barker; but what would I have done without the hypodermic injection? It certainly aided materially in the management of the patient, and I think was decidedly beneficial in the treatment of the disease itself. Dr. B. says: "I think I have seen opiates prove of great service, in some few cases, when I have believed that the mania was complicated with latent pelvic peritonitis. But it is only in such cases that I have ever found them apparently useful."

This being a single case, may be an exceptional one, nevertheless, I would pursue a like course under similar circumstances, and advise a trial of it by others as a means of better managing the patient, if not, perchance, the disease.

ANATOMY OF THE PENIS.

Translated from Hyrtl's Handbuch der Topographischen Anatomie, Zweiter Band, p. 67, for the MED. AND SURG. REPORTER,

BY DR. J. C. M'MECHAN,

Of Cincinnati.

The Two Corpora Cavernosa of the Penis.

The penis has three corpora cavernosa. Two belong to the penis proper (corpora cavernosa penis), one to the urethra (corpus cavernosum urethræ). On this account the cylindrical form of the penis changes to a triangular prismatic form, with its angles rounded off, as we see in antique priapi. These have not, even at the present day, gone entirely out of date, and in Calabria, before the entry of the Piedmonts, they were blessed, at different places, by the priests, as amulets for pious but unfruitful women.

The two corpora cavernosa of the penis arise from the point of juncture of the ascending rami of the ischium with the descending rami of the pubes, but chiefly from the latter. They are, therefore, in the beginning, separated from one another by an intervening space, which is equal to the distance between the rami of the two ischiatic bones. At their origin they do not possess that cylindrical form which belongs to them in the pendent portion of the penis. In the direction from the interior to the exterior they are flattened. They extend in a converging direction, as the crura penis, from their point of origin till they arrive in proximity to the symphysis pubis, in front of which they join one another, grow together, and form from here on the pendent portion of the penis. Their periphery is not circular, but elliptical. By means of their being placed together, a superior and inferior long furrow necessarily originates, just like that between the barrels of a double-barreled gun. The superior furrow receives the dorsal blood vessels of the penis, and the inferior furrow receives the urethra, with its corpus cavernosum. The walls of the two corpora cavernosa, growing together, form a perpendicular septum in the interior of the penis, which is visible on section of the organ. Each corpora cavernosa consists of a strong but extensible tunic (albuginea), interwoven with elastic and contractile fibres, with an internal texture of blood vessels whose venous portion exceeds by far the arterial. The fibrous tunic of the corpus cavernosum sends inwardly a number of trabecular-shaped prolongations (trabeculæ), which join together in a network, and serve as support to the vascular tissue. The occurrence of smooth muscular fibres in trabeculis was proven by Kölliker. Anteriorly, the two corpora cavernosa of the penis, joined together, become round and somewhat pointed, but diverge slightly at the same time, and become covered, as if by a cap, by the deep concave basis of the glans, which originates through unfolding of the corpus cavernosum urethræ. Upon the dorsal surface of the penis, the albuginea in the long furrow for the reception of the dorsal blood vessels forms a considerable thickening, like that portion of a double-barreled gun situate between the barrels. Of course, this thickening is also found deep in the glans, between the somewhat diverging extremities of the corpora cavernosa, where it increases a little in bulk. At this point, indeed, it is described as the so-called "cartilage of the glans," in which anatomists supposed they had found an imitation of the os priapi occurring in so many sucking animals. According to Henle, this structure extends through the long axis of the glans to its extremity, where it connects above the opening of the urethra with the cutis.

At the root of the penis, the septum, formed by the connecting together of the two corpora cavernosa, is complete. Toward the end of the penis it is pierced by several openings, and disappears completely in the neighborhood of the glans. The compartments of the two corpora cavernosa, therefore, stand in communication with one another, which, for an equal distribution of blood, and a rectilineal erection of the penis in the median plane, is highly necessary. The corpus cavernosum of the glans, on the contrary, has no anastamosis of blood vessels with those of the penis.

The relations of the blood vessels in the corpora cavernosa are the following:—

The arteries set apart for the corpora cavernosa are the double arterial dorsales penis for the glans, and for the corpora cavernosa proper, the likewise double arteriæ profundæ penis. Both are the terminal branches of the arteria pudenda communis, a branch of the hypogastrica. The first extend superficially in their length. We can see and feel their pulsation during erection. A wounding of these arteries, followed by consecutive aneurism, was seen by Malgaigne in a young man who carried a penknife, open, in his pants pocket, and who, upon stooping forward, wounded himself on the dorsum of the penis. The arteriæ profundæ penis enter the corpora cavernosa, not far from their origin, and send their originally spindle-ring-shaped, numerous branches, along the trabeculæ, and allow the preponderatingly large number of the same, without becoming capillary, to empty, funnel-shaped, into the wide entrances of the veins.* True capillary blood vessels are found, notwithstanding, in each corpus cavernosum. Thus the trunks of the larger arteries are surrounded by capillaries, and, indeed, single branches of the main trunk of the arteria profunda penis divide gradually into capillaries, which likewise, in their course, remain in the trabeculæ of the corpus cavernosum. Thus is the affair at present demonstrated. If the demon-

* According to Krause, the small arterial branches emptying into the cells of the corpora cavernosa still retain a diameter of 0.1‴. The extremities of these branches should be somewhat prominent in the cellular spaces, which occurrence I have never seen.

stration be correct or not, still remains uncertain. He who has been engaged in the injection of the corpora cavernosa will acknowledge that he has never succeeded in forcing the material injected from the veins into the arteries, which, if the above demonstration corresponded with the anatomical construction of the corpora cavernosa, would have to take place each time. The study of the art of making anatomical injections is, at the present day, entirely too much neglected, because there are much more convenient departments of anatomy, which, requiring much less skill, time and work, yield greater profits.

The veins, which have only retained their internal coat, completely fill up the spaces of the network of the trabeculæ in the corpora cavernosa, and hold the same relations to them that the veins of the cranium do to the sinus duræ matris, or to the canals of the diplöe. We could, therefore, name each corpora cavernosum a neutral plexus between ample arterial and just such venous elements, which, indeed, in its finest parts, does not possess capillary dimensions.

In the axis of the corpora cavernosa the cells of the trabecular net are large; toward the bordering integument they become considerably smaller, and their course becomes predominantly oblique. The venæ profundæ penis, coming from the venous plexus, empty into the venous tresses surrounding the neck of the bladder and prostate (plexus santorini), whilst the single trunk of the vena dorsalis penis usually divides into two branches beneath the symphysis pubis, which go over into the corresponding plexus venosus pudendalis. One or two lymph vessels accompany the vena dorsalis penis. Not unfrequently the vena dorsalis penis also unites with one or both saphenous veins, through pretty strong anastamosis; also frequently with the vena epigastrica superficialis.

The venæ profundæ penis stand in manifold communication with the vena dorsalis, which is brought about through the so called venæ circumflexæ. We notice, namely, in an injected penis, in the furrow between the corpus cavernosum penis and the urethræ, that veins emerge which communicate with the cells of both kinds of corpora cavernosa, occupy the lateral region of the shaft of the penis, and empty into the vena dorsalis. Their number and length are variable. The one nearest the symphysis is the largest, and also the most constant.

The corkscrew-shaped, small arterial branches (vasa helicina), discovered by J. Müller, and corroborated by Krause and myself, are numbered to the vascular structures for the enlargement of the diameter of the penis. Notwithstanding they are only found at the root of the corpora cavernosa as far as the pendent portion of the penis, I have filled them in animals (apes and foals) by means of injection, and must decide against the assertion of Valentin, that they are artificial productions, for which they are also taken by Langer. Henle* also expresses himself in favor of their existence.

The Corpus Cavernosum Urethræ.

If we name this body simply corpus cavernosum urethræ, the appellation is in so far correct, that this corpus occupies a median position. But in its interior, particularly at its anterior and posterior extremities, are found unmistakable traces of a septum, which attest that its apparent individuality depends upon the blending of two lateral halves.

It has no bony attachment like the corpora cavernosa penis. Its commencing portion, which lies between the crura of the corpora cavernosa penis, is called bulbus urethræ. The bulb encompasses the urethræ in such a manner that it possesses a much greater thickness in its inferior than in its superior wall. The corpus spongiosum in its anterior course becomes smaller, but towards its extremity again increases in size to form the glans penis.

The corpus cavernosum urethræ can be completely isolated from the corpora cavernosa penis, and appears then (provided it has been previously injected with a hardening mass) like a well-saturated sponge, whose thick bulb is represented by the bulbus penis, and whose anterior expansion is represented by the glans penis. The shaft of the corpus spongiosum, however, does not plant itself centrally in its anterior expansion, but at its inferior border. It does not receive its supply of blood from the arteries of the corpora cavernosa penis, but receives a branch of its own from the perineal artery, which, as it enters the bulbus urethra, is termed arteria bulbosa. It often possesses another artery, the arteria bulbo-urethralis, which enters the corpus spongiosum more anteriorly, and is regarded by some anatomists as constant (Arnold). It is much smaller than the arteria bulbosa and the arteria dorsalis penis.

* Complete collection of all assertions and views in reference to this question in his Handbuch der Systemat. Anat. 3 band., p. 403.

The corpus cavernosum urethræ, upon the whole, is inferior in size to the corpora cavernosa penis. During the maximum of its erection it never becomes as hard as they, but remains soft and compressible. During rough efforts at the reduction of a paraphimosis, it can easily become torn by pressure on the glans (Ricord). Its cells, which are smaller and less rich in blood, communicate, of course, as Kobelt has shown, with those of the corpora cavernosa penis. It is, therefore, not a completely closed erectile body, as we believed till the present, in which no transmission of disease could have taken place from the corpora cavernosa penis. If we make an orifice in the glans penis of a cadaver, and introduce a tube into the wound, through which, by injection, we fill the cellular system of the corpus cavernosum of the glans with a soft, waxy mass, this substance flows into the corpora cavernosa penis in a small quantity, into the corpus cavernosum urethræ in a larger quantity, but in the largest quantity into the venæ subcutanæ penis, which empty into the vena saphena magna. Vasa helicina occur in it, but not in the glans.

The amount of blood in the glans, in ulceration of that body, may give rise to important hemorrhages. Its spongy tissue sometimes becomes, to a great extent and depth, destroyed by chancre. It reproduces itself very rapidly, and after the greatest loss of the substance of the glans, we see only very superficial scars remaining. Papillæ, placed in long rows, we first notice when the glans has been deprived of its epidermis. Papillæ of the larger kind, which can be distinguished as white points through the epidermis, are usually found in the so-called crown of the glans. Single ones also occur in proximity to the frenum, where Henle saw them, appearing like the papillæ vallatæ of the tongue, surrounded by a low membranous wall.

The nerves of the corpora cavernosa are: 1. The two nerves on the dorsum of the penis which arise from the plexus pudendalis, and, in company with the dorsal blood vessels, extend to the glans. 2. The plexus cavernosi, prolongations of the plexus hypogastrici of the sympathetic, which take the same course as the arteriæ profundæ. The terminations of these nerves are still entirely unknown.

The lymphatics divide into those lying superficial and those lying deep. The former extend to the inguinal glands, and carry the matter of contagion to them. The latter perforate the fasciæ closing up the arch of the pubis, and at the side of the arteria and vena profunda penis penetrate the pelvic cavity, in order to go in quest of the glandulæ hypogastricæ.

Hospital Reports.

PENNSYLVANIA HOSPITAL.

Clinic of Dr. R. J. Levis.

REPORTED BY DR. JOHN B. ROBERTS.

The Treatment of Fracture of the Lower End of the Radius.

A man was admitted to the hospital who said that the evening previous he had fallen upon the ice, and by extending his hands to save himself, had received the force of the fall upon the left palm. The patient had much pain at the wrist, which was swollen, and upon careful examination it was determined that the ulna was intact, but that a fracture existed at the lower end of the radius, near to the joint.

The existence of Barton's fracture was suspected, from the manner of receiving the injury and from the deformity presented; and this diagnosis was verified when crepitus was obtained by accurate examination.

The clear recognition of this fracture is of the utmost importance, for it is often overlooked, under the impression that the injury is a sprain; and it may be mistaken for a dislocation, on account of the peculiar deformity resulting; while, on the other hand, the treatment required is peculiar, and the cure, notwithstanding most judicious management, is sometimes followed by impairment of the functions of the part.

Attention was first prominently directed to this peculiar injury by Colles and by Barton, the former describing the fracture occurring at a short distance above the joint, the latter referring especially to the line of fracture entering the joint obliquely. The fracture may be simple or comminuted, and perhaps usually the line is obliquely upward and outward, splitting off the outer portion of the inferior extremity of the bone.

The wrist-joint is formed by the articulation of the radius with the first row of carpal bones, which form an arch fitting into the lower end of the radius, while the ulna has practically nothing to do with the articulation. Therefore, when a man falls forward upon the palm of his outstretched hand, the impact is transmitted through the carpus to the radius, which is broken by the force driving the wedge-shaped carpal bones into the concavity of its lower surface. This is the mechanism of Barton's fracture, while the true Colles fracture is more likely to be produced by direct violence to the wrist.

The deformity resulting from this injury is peculiar, and the similarity, in appearance, to dislocation of the wrist is such, that an error has not infrequently been committed; although

a dislocation at this position is an accident of very rare occurrence. The lower fragment, with the attached carpus, drawn upward and backward by the extensor muscles, causes a protuberance on the dorsal aspect of the wrist, and a deep concavity on its palmar surface. There exists also lateral displacement toward the radial side of the forearm, because, the ulna being intact, acts as a splint on one side, while the muscles draw the inferior fragment of the radius upward on the other, causing shortening on that side.

The diagnosis between this fracture and dislocation of the wrist is readily made, if care be taken, for although the fracture resembles in appearance a luxation, the deformity is readily overcome by extension and counter-extension, and returns as soon as the parts are left free.

The prognosis, when the injury occurs in youth or middle life, is generally good, but there may be impaired motion of the wrist and fingers, due to callus pressing on the nerves and tendons. This can usually be overcome to a great extent by passive motion, particularly if motion of the fingers be instituted even while the limb is on the splint.

The very best treatment for fracture of the lower extremity of the radius, and indeed for almost any fracture of the bones of the forearm, except at the elbow, is by means of Bond's splint. What is desired, is to overcome displacement by turning the hand outward and depressing the wrist, but at the same time to leave the thumb extended, since the extensor muscles of the thumb are an active displacing cause.

All these requirements are fulfilled by Bond's splint, which is made by placing the patient's uninjured arm and palm upon a piece of deal extending from the elbow to the fingers, and then drawing a line around the forearm and the *everted* hand. The splint, made by cutting the board in these lines, and reversed for the injured limb, is completed by tacking a leather edge at each side, and by placing a semi-cylindrical block at the distal extremity, to rest in the palm of the hand. The splint having been well padded with cotton, as in the present case, the injured limb is placed on it, and a bandage applied from the hand upward, leaving the flexed fingers extending over the block.

As the fragments here tend to project, a compress is laid under the upper, and another above the lower portion, before the bandage is adjusted; when pads do not suffice, a flat splint is sometimes required on the back of the forearm.

Perfect relaxation of the muscles is obtained by this apparatus, which keeps the limb in a state of most perfect repose. If you drop your hand carelessly at your side, you will find that it assumes a position midway between pronation and supination, with the fingers semi-flexed, but the thumb extended. This is exactly the position given to the hand applied to Bond's splint.

Occasionally, the line of fracture, instead of running upward and outward, is upward and inward, when the displacement is toward the ulnar instead of the radial side; and the treatment must be directed accordingly.

After four or five weeks the patient will be able to dispense with the splint, and passive motion will be instituted, to prevent anchylosis

Editorial Department.

Periscope.

The Sleeping Sickness.

A curious account of this disease, as it occurs on the West coast of Africa, is given in the *British Medical Journal*, by Surgeon Gore, F. R. C. S. I. It is sometimes called the "African lethargy," *lethargus Africanus*. The first intimation is a swelling of the glands about or around the neck, accompanied by a gradual inclination to sleep, which increases, and the person so affected will fall asleep at all times, and in all places, no matter what he may be doing, working, eating, walking, talking, or anything else, only awaking at short intervals. Sometimes the body swells in the progress of the disease, and at other times in its first stage. The skin becomes dry and dusty; the strength palpably decays; and the most massive form becomes reduced. This continues for six or twelve months, more or less. Just before death the patient suddenly ceases to sleep; this is the forerunner of death always. I have never known a Congo to die of any other disease. It carries off many natives; and even the American-Liberians do not escape from it. The Congos are among the lowest type of negro, in mind and body, inhabiting the shores of West Africa. When they were liberated in large numbers at Sierra Leone, the disease came far more frequently under observation in the colonial hospital, as will be seen from the following returns. For the four years ending March 31st, 1850, 112 cases of lethargus, or sleeping sickness, were treated; for the seven years ending December 31st, 1866, only 67 were treated. Of the 179 cases admitted, 132 died, 47 recovered, a very high ratio of mortality. Burton, and most other writers on Western Africa,

allude to the disease as a medical curiosity; the former states that Europeans have died of it. The cases of African sleeping sickness which I have seen in the colonial hospital at Sierra Leone, two of them in the last stage of the disease, presented similar features to those already described; the patients lay upon a mat, sleeping their existence away. One was very much emaciated; he lay quite motionless, and apparently unconscious; only appeared to notice when severely shaken, then merely raised the eyelids and gazed vacantly. The sphincters had already become relaxed; the urine and fæces were passed involuntarily; and for some days previous to death he lay quite passive, refused all nourishment, and died.

The termination is usually fatal. A post-mortem is given in one case:—

"The dura mater was found to be in a healthy state; the arachnoid membrane was red, and highly vascular; this condition was not confined to any particular part of it, but prevailed throughout. The pia mater appeared healthy; the substance of the brain was particularly firm, and not one drop of blood appeared on a section of any part of it; the sinuses were unusually deficient in the quantity of blood; the lateral ventricles contained about a drachm and a half of serum; the thoracic viscera did not present any unusual appearance. In the stomach were found many patches of a red color, near the pylorus; these did not extend into the duodenum. A portion of small intestines, about three feet in length, was of a very dark color, and the *calibre* of the canal at that part was much contracted; this part of the canal contained a considerable quantity of thick sanguineous serosity, and its mucous coat was highly injected. The liver, spleen and kidneys were in a healthy looking state."

Transplantation of Skin En Masse.

The subjoined case is reported to the *Medical Times and Gazette* by Dr. C. B. Taylor.

J. P., aged seventy, a farm laborer, residing at Ruddington, a few miles from Nottingham, applied to me in March last, on account of failing vision, which affected the right eye, the left having been useless for many years, owing to complete ptosis of the lid. I found the right eye affected with incipient cataract; and the left, when the lid was raised, much the better of the two. I therefore advised the patient to wait until the cataract was more matured in the right eye, and in the meantime to submit to an operation by which I proposed to raise the lid of the left eye, and so make it to take the place of the right. An effort, I found, had already been made in this direction, by an ophthalmic surgeon, without benefit. The patient, however, consented to the operation; and partly owing to the previous failure, and partly to an *embarras des richesses* in the way of patients, I was betrayed into removing a flap of skin much larger than was necessary, and found, on attempting to close the wound, that it would be impossible for the patient to close the eye unless a piece of skin were transplanted into the place of that which I had taken away. In order to allow the bleeding to cease, I had gone on with another operation, and thus allowed about twenty minutes to elapse since the skin was excised, and the portion removed, which was an inch and a half in length, and three-quarters of an inch in depth, was lying in the operating-tray, shriveled up, lifeless, and cold. I nevertheless replaced it, and, by means of sutures and pads, succeeded in securing perfect reunion, so perfect, in fact, that it is impossible to distinguish the skin replaced from the surrounding tissue. It resembled at first a portion of white kid stitched to the surrounding skin, and my medical friends were quite hopeless as to the issue of the experiment, a feeling, I must confess, to a great extent shared by myself.

Treatment of Serpiginous Ulcer.

The annexed suggestive case is reported in the London *Medical Times and Gazette*, by Mr. Spencer Watson: —

C. W., aged fourteen years, was brought to the hospital on August 14, 1872. She was then a weakly, peevish, irritable, and ill-nourished child, of stunted growth and unhealthy aspect. Her left knee was firmly contracted, and she resisted all efforts to extend the leg. Occupying the inner and front aspects of the lower two-thirds of the left thigh was an ulcerated surface surrounded by irregular curved edges, with a tendency to the crescentic form, the convexity of the curve being outwards. Some of these edges towards the knee had the appearance of being recently cicatrized, but in most of the other parts of the sore the edges were extending by ulceration. The ulcerated surface had a dusky gray, unhealthy aspect, with no true granulations. Every movement of the limb, and of the body when affecting the limb, was exquisitely painful, and caused the child to make loud cries and to resist the slightest effort to extend the leg on the knee. She had suffered from this ulcer for three years. It had been treated elsewhere by the application of caustics, but there had been a constant extension of the mischief in spite of all treatment. Cod-liver oil and a combination of quinine, iron, and arsenic were prescribed, and the gray oxide of mercury ointment applied to the sore, the whole limb being wrapped up in a covering of cotton-wool. Poultices were applied occasionally at night, and a solution of chloride of zinc (five grains to one fluid ounce) was applied to the sore at times, when the appearance of the surface seemed to indicate a necessity for stimulation. In a very short time the surface began to assume a more healthy aspect, and the dose of the arsenic, which was given in the form of liq. pot. ars., was increased from three minims to five minims, and subsequently to eight minims, three times daily, while the quinine and iron were also increased. Under this plan the ulcer gradually diminished in ex-

tent, and on January 15, 1873, *i. e.*, about five months after the commencement of treatment, it had completely healed; the knee, however, remaining contracted.

In August of the same year the mother of the child again brought her. Not only had the ulcer shown no disposition to break out again, but the cicatrix tissue had become soft and pliable, and the skin moved freely over the subjacent parts. The knee also had become quite free from contraction, and could be flexed or extended as desired. This latter result was attributed by the mother to the use of friction of the thigh with some kind of liniment. It was no doubt due to the cessation of pain and irritation of the limb, and the possibility of extending the leg without causing increased pain by the consequent movement. Perhaps, too, the shrinking of the cicatrix may have contributed towards a gradual extension of the knee in the first instance, the movement thus originated having been subsequently continued by the sense of ease it afforded to the patient.

Acute Rheumatism and Pyæmia.

At a meeting of a Branch of the British Medical Association a paper was read by Dr. Stephen Monckton, on "Acute Rheumatism Changing into Pyæmia." The object of the paper was to show, chiefly by the citation of two well marked cases, that pyæmia occasionally proceeds directly out of rheumatic fever, the progress of the latter assuming a perverted and malignant course. That a case of pyæmia, from the first, may for a time put on the semblance of rheumatism, and that rheumatic fever in a feeble subject may, though very rarely, lead to a fatal issue, with typhoid symptoms, was admitted at once. But more than this was affirmed; the contention being that genuine rheumatic fever, in a subject of average power, and without pernicious surroundings, may, and in these two cases did, abruptly alter its course in such wise that the development of lactic acid ceases, and blood-poisoning, with collapse, hemorrhages, gland-swelling, icteric hue, and almost certain death, succeed. A case, therefore, may die pyæmic, and yet have been correctly diagnosed as rheumatic at the outset; just as a patient may succumb to purpura and universal hemorrhages, who had been seized with small-pox to begin with; except that, in the former case, the primary disease will have been replaced by the secondary, instead of aggravated by it. Dr. Monckton suggested that too active saturation with alkalies might have mischievous tendencies in this direction; as also the undue exclusion of oxygen, from anxiety to keep the patient warm. In neither of the cases quoted was there any evidence of erysipelas, purulent or septic contamination from without, fibrinous concretion, or ulcerative endocarditis. The mischief seemed to arise from a perversion of the chemical blood-change; the production, effects, and elimination of lactic acid ceasing, and toxemia of a more disintegrating and deadly character replacing it. It may be remembered that pyæmia has been produced by the artificial introduction of lactic acid into the blood.

A Case of Diabetes Mellitus Treated with Opium.

The following case, under the care of Dr. Clay, is reported in the *British Medical Journal*:—

J. R., aged 16, a farm laborer, was admitted March 10th, suffering from diabetes mellitus. He complained of great debility and loss of flesh, constant thirst, and frequent passage of urine. There were no signs of phthisis present. His weight on admittance was 98¼ pounds. During his first week in the hospital the average amount of urine passed was 9½ pints; the specific gravity varied from 1044 to 1060, and it contained a large quantity of sugar, no albumen. He was put on diabetic diet, and ordered mineral acids and bark. After about a month on this treatment, he was put on half a grain of opium, in pill, three times a day, together with the diabetic diet. The opium was gradually increased to one and a half grains three times a day, when it was decreased and eventually left off. For about a fortnight of this time the treatment had to be suspended, on account of an attack of ephemera coming on. The patient remained on diabetic diet alone for about a week; but as this did not appear to agree with him, he was ordered one grain of opium three times a day, and mixed diet; as this did not agree with him as well as the diabetic diet alone did, he was ordered diabetic diet together with the opium. Under this plan of treatment he improved very much, and left the hospital on September 15th, to resume his occupation, having gained 19¼ pounds in weight, passing on the average eight pints eight ounces of urine less than he did when he was admitted, and there being a very great diminution in the amount of sugar.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Drs. Foster and Balfour have just published a work that has long been needed. "The Elements of Embryology," in which the process of development is described, in a singularly lucid and intelligible manner, from the earliest period in the fowl, and which constitutes the first part of a larger work.

——A very interesting essay has been prepared by Dr. Fessenden N. Otis. Its title is, "On Reflex Irritation throughout the Genito-Urinary tract, resulting from contraction of the urethra at or near the meatus urinarius, con-

genital or acquired." The author touches on a topic often neglected, but eminently deserving of attention. pp. 37. McDivitt, Campbell & Co., 111 Nassau street, New York City.

——In a reprint from the *Medical Record*, Dr. George M. Lefferts describes the case of a brass ring lodged in the larynx for four years, successfully removed by sub-hyoidean laryngotomy.

——We acknowledge :—

Seventh annual Report of the Toronto Eye and Ear Infirmary.

Sixteenth annual Announcement of the Rush Medical College.

Twenty-first annual Announcement of the Royal College of Physicians and Surgeons, Kingston, Ontario.

BOOK NOTICES.

Eating for Strength; a book comprising: 1. The Science of Eating. 2. Receipts for wholesome cookery. 3. Receipts for wholesome drinks. 4. Answers to ever recurring questions. By M. L. Holbrook, M. D., aided by numerous competent assistants. New York, Wood & Holbrook, 1875. 1 vol., cloth. 8vo, pp. 157.

This seems to us, from the examination we have given it, a good book, generally sound in its physiology, and free from hobbyisms. Its explanations of the relative values of foods are based on such authorities as Letheby, Flint, Parkes, etc., all solid men. The title page, as given above, sufficiently explains the scope of the work. The receipts seem fresh and judicious, and the part devoted to innocuous and wholesome beverages deserves warm commendation. Just such information as it contains, widely disseminated, will be a real aid to the temperance cause; better than a thousand overdrawn pictures, such as we have *ad nauseam*. Many men buy beer and juleps, simply because they are the cheapest and most palatable beverages, not because they seek a stimulus! Pleasant unintoxicating beverages are what we want to replace these insidious devices.

A Practical Treatise on the Medical and Surgical Uses of Electricity; including Localized and General Faradization; Localized and Central Galvanization; Electrolysis and Galvano-Cautery. By George M. Beard, A. M., M. D., etc., and A. D. Rockwell, A. M., M. D., etc. Second edition, revised, enlarged, and mostly re-written. With nearly two hundred illustrations. New York, William Wood & Co., 27 Great Jones Street. 1875. 1 vol., 8vo, cloth, pp. 794.

The work of Drs. Beard and Rockwell met with prompt acceptation by the American professional public, and the first edition of their treatise has been out of print for a long time. This interval has been diligently employed by the authors in a thorough re-examination of the subject in all its branches, and a further extension of the scope of the volume, to take in several departments of the subject omitted or insufficiently spoken of in the first edition. Several relations of electricity are spoken of, which are too frequently omitted in works of the kind, such, for example, as electro-physics, and the chemistry of the batteries.

The general division of the work is into sections on Electro-Physics, Electro-Physiology, Electro-Therapeutics, and Electro-Surgery. More than two-thirds of the book is taken up with the last two, and it is safe to say that no application of any form of electricity as a remedial agent that has ever been authorized will be found omitted. Indeed, the criticism if any, which the reader will be apt to make, is that the agent seems to be applied in so many directions and for so many purposes, that it is liable to excite the suspicion which every alleged catholicon rouses in the mind. In many of the cases given, the amount of benefit derived from the electrical treatment is far from clear. Two cases, for example, of writer's cramp are cited (p. 549), the latter of which is of questionable diagnosis, and neither resulted favorably. Too many of the diseases referred to as medicable by electricity, seem, on examination, to have been so treated by the authors only experimentally, and with no positive results. A "practical treatise," as this claims to be, should not contain clinical experiments, but the affirmative results of clinical *experience*—a very different matter.

In spite of this very observable fault (the worst of which is that it needlessly swells the bulk of the volume), the book contains a mass of well arranged information, and is carefully printed on fine paper, with many wood cuts, and a good index and table of contents.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, FEB. 6, 1875.

D. G. BRINTON, M. D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

Hence, Reports of the Proceedings of Medical Societies, Correspondence, Notes, News, and Medical Observations from all parts of the country are solicited and will be gladly received for publication.

☞ Subscribers are also requested to forward copies of newspapers containing Reports of Medical Society Meetings, Marriages or Deaths of physicians, or other items of special medical interest.

The experience of *country practitioners* is often particularly valuable, acquired as it generally is by independent study and investigation. The REPORTER aims especially to furnish a medium to bring this information before the general medical public, and it is a duty to the profession to publish it.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

The Editor disclaims responsibility for any statement made over the names of correspondents.

☞ **NOTICE. 1875.**

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EXPERIMENTS ON ANIMALS.

"Doth God take care for oxen?" contemptuously asks the Apostle Paul, quoting the Mosaic injunction not to muzzle the mouth of the ox that treads out the corn; and answering in the negative, explains this phrase of the Law as a symbol applicable altogether to man. The Avesta of Zoroaster, composed about the time of the Pentateuch, is full of injunctions, even extravagant ones, about the tender treatment of dogs and cows. "Shall I spare the life of my enemy when I have him in my power?" asked a follower of Buddha. The great teacher replied, "Spare not only thine enemy, but even the wild beast that attacks thee. Inflict pain willingly on no living creature."

For thousands of years after did these principles of mercy find no expression in law or dogma. DESCARTES even discovered that the brute writhing in agony under the lash of its more brutal master is only exhibiting nervous irritability, and is not conscious of pain!

A noble-hearted Irish gentleman, by the name of RICHARD MARTIN, of Galway, Ireland, and a member of the British Parliament, was the first man that pleaded for the protection of the lower animals from torture. There was no effective check to the cruelty that certain classes practiced whenever they had the power, and no statute in any State or nation to prevent the cruelty, up to 1822.

Since that time societies have been formed in all the principal county towns and cities in Europe and America, for the prevention of cruelty to animals.

Such efforts enlist the warmest sympathy from every person of sensibility. But every virtue may be pushed to fanaticism; and in the opposition which has been made to the legitimate use of vivisection in physiological investigation, there is a strong dash of fanaticism.

Let any intelligent person recall the invaluable results which experiments on animals have thrown on physiology, surgery, and therapeutics. The two methods by which scientific pro-

gress and practical discoveries have been made in these directions have been observation and experiment. To take only a few examples: HARVEY's discovery of the circulation of the blood; HALLER's penetration into the laws of the physiology of the nervous system; MARSHALL HALL's demonstration of the distinction of motor and sensory nerves and reflex actions; HUNTER's operation for the cure of aneurism; WEBER's detection of the inhibitory function of certain nerves; BERNARD's researches on the vaso-motor system of nerves. The names of these men and the discoveries by which their names are remembered, as well as the whole history of anæsthetics, are associated with the suffering, of some kind or degree, or the death, of some of the lower animals. In medico-legal questions, again, even the most fastidious person would admit that experiments on animals were justifiable.

Let it be calculated, if it can be, how many millions of human beings have, by these discoveries—gained it is true at the expense of some suffering in a few of the lower animals—been relieved of miseries and endowed with a prolonged, useful, fortunate existence. If the maintenance of our government is worth one single battle, wherein, inevitably, thousands of men must perish and many thousands drag their mutilated bodies till the welcome release of death; then a thousand times over is the restoration of millions to life and health worth the suffering of some dozen dogs, or of all BROWN-SEQUARD's guinea pigs, some twenty thousand of which, we believe, he estimates he has sacrificed on the altar of science.

But so super-sensitive has the world become on this topic, that there is danger of a brute's life becoming esteemed above a man's. There is something ludicrous in a fact vouched for by the Vienna *Medizinische Zeitung*, that in December last, Dr. Fisher, of that city, judging transfusion necessary in the case of a lady named Lucca (whether the patient is the accomplished prima donna we know not), engaged the services of a surgeon for that purpose. A lamb was procured, but the veins either would not give blood, or no vessels could be found; at all events the operation could not be performed. The lamb died, and the lady was no worse for the failure. Yet the authorities have begun proceedings against the doctor, under the act for the prevention of cruelty to animals!

This does not surpass in absurdity the prosecution of Dr. MAGNAN, at Norwich, for demonstrating the respective effects of alcohol and absinthe on a dog, by injections in the crural veins. Yet, incredible as it seems, members of the medical profession of England, some whose names are not absolutely unknown to the scientific world, not only denounced the experiment, but said that its results were unimportant!

A timely and admirable little volume, of seventy-one pages, has just appeared, on this general subject, by Dr. J. C. DALTON, the well-known physiologist of New York (published by F. W. Christern, 77 University place). Its title is, "Experimentation on Animals, as a means of Knowledge in Physiology, Pathology and Practical Medicine." He considers the question of experimentation, in its character, its necessity and its results; and appends a series of resolutions of medical societies, and the personal testimony of distinguished men and experts, all going to show that experimenters aim at giving the least amount of pain possible; that the results obtained have been and continue to be of the highest practical utility, and that in no other way can progress in certain directions in medical and physiological science be secured.

NOTES AND COMMENTS.

Therapeutical Notes.

TREATMENT OF BILIARY CALCULI.

Dr. Laborde, of Paris, states that in this terribly painful affection morphia and hydrate of chloral, administered simultaneously, form the best mode of treatment. They exert both an anæsthetic and paralyzing influence, with the effect of producing cessation of the spasmo-

dic state, distention of the passages, and accumulation of the biliary fluid, which act on the foreign body by a kind of *vis à tergo*, and force it down the intestines.

PITYRIASIS CAPITIS.

For this often obstinate complaint cocoa-butter, castor oil, almond oil, of each five drachms; turbith mineral, fifteen grains. Smear the scalp with the ointment twice daily, and wash the head with soap three times every week. It is necessary to cut the hair short and brush the head briskly, so as to remove the pellicles and lay bare the parasite. A larger quantity of turbith mineral may be used without inconvenience.

QUININE IN EPISTAXIS.

A writer in the *Lancet* says quinine is *the* remedy in epistaxis. He says he has tried it more than twenty times, often in aged people, and never has found it fail.

CHILBLAINS AND FROSTED FEET.

Remedies for these troubles are in order at this season. The most recent is cajeput oil. A writer says it is most efficacious. Apply it locally morning and evening. Often one application is sufficient for light cases.

MANAGEMENT OF HYDROCELE.

Mr. E. Lund, of the Manchester Hospital, in a recent report, says "the secret of success in the management of hydrocele consists in thoroughly distending the sac of the hydrocele, by first noting the number of fluid ounces of serum drawn off, and then injecting at least one ounce more of port wine, so as thoroughly to expand and fill the sac."

RECURRENT CHRONIC BRONCHITIS.

Many persons are subject to attacks of chronic winter cough, commencing with difficult breathing and a hard dry cough. In this stage, says Dr. Lawrie, of Glasgow, no remedy gives such prompt relief as *iodide of potassium*. It promotes and restores the bronchial secretion, and tranquilizes the respiration. When free secretion has set in, it should be abandoned.

On Right-Handedness.

This was the subject of a discussion at the Cambridge Philosophical Society last November. Dr. W. Ainslie Hollis presented a paper, in which right-handedness was attributed to the larger size of the left cerebral hemisphere, and its greater complexity and richness in gray matter. But this may be consequence rather than cause. Dr. Hillis claimed that right-handedness is peculiar to the human race, in which he is certainly wrong (see Flint's *Physiology*, vol. v, p. 457). Some apes are left-handed, but most are right-handed. Lawson, in his "History of North Carolina," (1706), makes the remark that the Indians are right-handed. (Is this true of all tribes?). Professor Humphries, a very competent anatomist, concluded the discussion by saying that he could see no anatomical reason for the preference of the right limb, the slight advantage in circulation to the right arm through the innominate artery and vein applying, in nearly equal degree, to the right side of the brain. He agreed that right-handedness was much a matter of education, and followed from the multifarious single-handed offices which are associated with the higher mental endowments.

Execution by Hanging.

Two executions took place in January, one near, one in Philadelphia. If the barbarous and notoriously inadequate punishment of death (after time has been allowed to secure salvation!) is to be continued, why cannot some more civilized means be employed to effect it? Why not revert to the classical and decent cup of hemlock? To the painless and historic death by suffocation? To the anæsthetic vapor which wafts so many to the land beyond during our efforts to prolong their stay here?

That hanging prevents murder we do not a bit believe. A century ago, in England, a man who killed a hare or stole a pair of shoes was sent to the gallows. Are those crimes more frequent since a month or two at the House of Correction takes the place of the cart to Tyburn Hill? They are not. The *British Medical* suggests the revival of *castration* for a certain set of crimes. It quotes from an old authority that if this plan were adopted, and five hundred examples made, it would have such an influence upon the wicked, that our judges and juries would have much less business on their hands. The castration would cool the heat of those guilty of rape and sodomy; and, as theft and rapine often run in the blood, such a law would disable a set of vile people from leaving their pernicious breed behind them. Hector Boece affirms that the ancient Scots gelded such as labored under madness or infectious distempers, which they thought might be communicated to

their offspring. Evidently they believed devoutly in the doctrine of hereditary descent.

Railroad Surgeons.

The Philadelphia and Erie Division has an arrangement with twenty competent surgeons in various cities along its line, to attend all employees and others injured on or about the line of the road. The nearest physician attends for one visit, and then the injured person can select any of the twenty, and be removed to the town where he lives, and receive his attendance free. The following rules are published by the Company.

"In all cases of personal injury it will be the duty of any employee of this Company, who may be present, to render all practicable aid to the injured party; to procure promptly the services of the nearest physician, giving preference to those named above; and as soon after as possible make a full report of the case to the head of his Department."

"For Medical or Surgical services rendered under foregoing circumstances during the two days next succeeding the accident (and longer if furnished under written orders from the General or Division Superintendent), the Lessee will be responsible, but not otherwise, and all bills for Medical or Surgical services rendered in accordance with the above must be approved by the Surgeon in Chief."

The Surgeon in Chief (who has appointing power) is Dr. H. A. Spencer, of Erie, a most excellent choice.

Torsion in Hemorrhage.

Mr. Bryant, of Guy's Hospital, London, has been for some years urging the superiority of torsion to the ligature. He does not use the latter even in an amputation of the thigh! In this country he has an ardent supporter in Dr. T. Easley, of Dallas, Texas, who has lately published a pamphlet on the subject. From his little work we extract the method of using torsion, as follows:—

"As to the exact mode in which torsion should be done, there does not appear to be any secret about the matter or any uncommon dexterity required. The vessels of a limb, when the main trunk has been properly secured, generally present fairly enough, and time is allowed to do the work, even leisurely. The vessel is to be drawn out, as in the application of a ligature, then firmly taken hold of with a pair of blunt serrated forceps, and three or more sharp rotations made, the number of these to be regulated a good deal by the size of the artery. Some may find it convenient to steady the vessel with a second forceps, a little above the cut extremity, but Bryant, who has twisted a greater number of arteries than any man living, and who has yet to record a single failure, uses only the one pair." (Med & Surg. Reporter Phil.

Statistics of Physicians and Druggists.

A writer in the *American Journal of Pharmacy* gives some tables from the last three census reports, by which it appears that the physicians have increased in about the same ratio as the population, the variation being very trifling for the past twenty years, while the druggists have increased in very much greater proportion; the ratio being, for the ten years from 1850 to 1860, 79.7 per cent., while the increase of population was 34 per cent.; and for the period from 1860 to 1870, they increased 57.4 per cent., while the population increased but 23 per cent. The patent medicine manufacturers have increased at each interval over 100 per cent.

In 1850 there was one physician to 572 persons, in 1860, one to 576, and in 1870, one to 638.

On Vaginitis.

Dr. Finch, of Chicago, in the *Medical Examiner*, speaks of the treatment of vaginitis. Premising that generally one cannot distinguish between specific and simple, he says that in the acute form, warm sitz baths, mucilaginous vaginal injections, and saline laxatives are useful, and anodynes if there be pain. He recommends an injection of four drachms of chlorate of potash, and ten grains of permanganate of potash, in sixteen ounces of water, of which a teacupful is to be injected morning and evening. Tampons of cotton-wool dipped in tannate of glycerine are useful, introduced every three days, taking care not to stain the linen with the tannin.

Spurious Red Wine.

It is stated that the French wine manufacturers often use aniline reds to color the wines. These dyes are poisonous, and make the liquor unwholesome. Mr. E. Dietrich states that if the wine is diluted with fifty times the quantity of water, the pure article becomes almost colorless, while the artificially colored retains a

tolerably marked bluish red. Diluted twenty times, and tested with a weak solution of sulphate of copper, the true wine is colorless or nearly so, the false shows a violet blue. The presence of fuchsine can be readily recognized in the following manner:—Place about one and a half ounces of the suspected compound in a phial, and treat first with one hundred and fifty grains of subacetate of lead, and then with three hundred grains of amylic alcohol. If, after agitating the mixture, the alcohol which separates appears colorless, no fuchsine is present; if the alcohol is colored red, the reverse is the case.

Milk Kept by Chloroform.

That milk can be kept sweet by the addition of a little chloroform is a suggestion for which we have to thank Mr. J. P. Barnes, of London. When added in sufficient quantity to fresh milk, the lactic fermentation is prevented. To two eight fluid ounces of fresh milk was added respectively, ten and twenty minims of chloroform; they were kept in a warm place, and occasionally agitated; after five days had elapsed, that containing ten minims had developed lactic acid in quantity sufficient to separate the caseine, whilst that containing twenty remained fresh and good. It might be found convenient to preserve milk in this manner, always taking care to boil it just before using, in order to drive off the chloroform.

"Light-wood."

The light emitted by rottening wood has been attributed to the chemical process of decomposition. Recent investigations show that it, in fact, proceeds from an organic growth, a minute cryptogamous plant, and ceases when this is destroyed by heat or chemicals. The plant can be transplanted to animal tissues, and its presence may account for that curious aureole occasionally seen in disease of the lungs, etc., which Brown-Sequard refers to nervous action, and which was discussed editorially a few weeks back (Reporter, January 9).

Death from Methylene.

A death from methylene has occurred in London Hospital. Only three drachms were administered; the patient being a woman of twenty-five, about to be operated on for lachrymal fistula. Every effort was made to save her, but in vain.

Correspondence.

FOREIGN.

On Lymphadenoma and Lymphangioma Cutis.

(translation).

Vienna, January 4th, 1874.

Ed. Med. and Surg. Reporter:—

In the Medical and Surgical Reporter, of the 17th of October, 1874, page 318, I find the disease "Lymphangioma Cutis," which I have described in Hebra's and Kaposi's *Lehrbuch der Hautkrankheiten*, vol. iii, p. 387, has been referred to under the head of "Hodgkin's Disease."

You would do me a great favor, and at the same time prevent the possibility of a misunderstanding, if you would insert the following remarks in your valuable journal:—

The disease described by me as "Lymphangioma Cutis Tuberosum Multiplex," is totally different from "Hodgkin's Disease." In the latter disease you have *sub-cutaneous nodes* composed of hyperplastic *sub-cutaneous lymphatic glands*. In "Lymphangioma Cutis," you have *cutaneous* nodules, no larger than lentils, which are immovable, situated in the *corium*, and can be compared to the papules of a lenticular syphilide. Upon microscopic examination, they are composed of a conglomeration of dilated thick-walled *capillary lymphatic vessels*.

The two diseases, therefore, have not the slightest analogy with each other.

Very respectfully,

Dr. Kaposi.

[The above letter from Professor Hebra's distinguished associate will be perused with great interest by all acquainted with recent advances in dermatology. It is with much diffidence that we express any disagreement with so eminent an authority. But while we cheerfully concede the general distinction which Dr. Kaposi lays down between the two diseases, we are obliged to consider that his closing expression (*Beide Krankheiten haben nicht die geringste Analogie mit einander*), is open to some necessary modification.

In a very marked case of "Hodgkin's Disease," recently described before the College of Physicians of this city, by Dr. James R. Hutchinson (a full report of which will appear in our next number), the lymphadenomatous tumors appeared, "for the most part situated beneath the skin, a few, however, *projecting as pedunculated appendages*." On post-mortem it is stated "a few of the tumors were pedunculated, and *took their origin in the true skin*." These were, moreover, hard to the touch, not movable, and small in size.

There seems to us to be quite a striking ana-

logy between these two forms of disease, both confessedly arising from disturbance of the lymphatic system, the one manifesting the effects of its explosion in the capillary lymphatic vessels exclusively, the other both in these and in the lymphatic glands generally throughout the system.—Ed. Reporter].

DOMESTIC.

The Surgical Treatment of Anthrax.

Ed. Med. and Surg. Reporter:—

In this painful disease, I would suggest a somewhat different surgical treatment from that ordinarily pursued. It is constantly observed that in anthrax the quantity of matter is comparatively small, and is diffused through the slough, to which it is only collateral, and as the latter is adherent equally throughout, there exists no more pressure in one direction than another, and therefore no single or general pointing takes place; but in protracted cases, we generally observe several holes or openings which give exit to the small quantity of pus in their vicinity, leaving the slough still adherent, therefore in no manner tending to the removal of the disease. Thus the openings are too small to discharge the slough, and if larger, the slough is too adherent to the adjoining parts to be cast off. Under these circumstances we can understand how the sphacelation of the skin over the slough might lead to a radical cure, by removing one of the causes of the slough being retained in its position, and allowing nature to cast off its subjacent attachments, and we take a step in this direction, when we make the crucial incision, so properly laid down for practice. The physician is generally called in at an advanced period of the disease, and finds his patient in a state of great pain and mental and physical prostration. It is this period, between the operation and termination of the disease, that is most critical for the patient and anxious to the physician, and with the view of relieving both, I venture to recommend a mode of treatment which in my case proved to be successful.

Case. I was called to see Mr. C., the 15th of May last. He was a worn-out man, about sixty-two years of age, very thin, and with a countenance full of pain and anxiety. On examination, I found he had an enormous anthrax covering the inferior portion of the scapula, and extending from its anterior edge to the spinous process of the vertebræ. My first impression was that the disease was too far gone for operation; my second, that it was the only course which held out a hope. With my scalpel I made a full and free crucial incision through the tumor. The edges of the wound bled freely for a little; that having subsided, I ordered a large poultice to be applied, and his strength kept up. The next day found the inflammation surrounding the parts diminished to a great extent. As I looked on the emaciated frame, and Hipocratic countenance, I felt the poor fellow could not survive the separation of the slough. As I thus reflected, I raised an angle of the skin, stretching the slough, which firmly adhered to it. With the forceps and scissors I nipped away the entire slough from the sound parts, going as close as possible to the latter without wounding them, and drawing the edges of the wound together into contact, with adhesive strips, I applied a bandage and waited the result. In four days I could scarcely credit the improvement which had taken place. The edges of the wound were united through two-thirds of their extent, and in the course of ten days, with the assistance of porter, quinine, iron and good food, a wound the size of a twenty-five cent silver piece, on the high road to cicatrization, remained. Had the slough been allowed to separate spontaneously, or even with the aid of turpentine and warm dressings, I question much if such a happy result would have taken place, as nature (at best with all the assistance I could have rendered her) would have required as many days to produce that condition of parts which the scissors effected in as many minutes.

Respectfully yours,

Philadelphia. R. K. Hinton, M. D.

News and Miscellany.

Epidemic of Influenza.

It is reported that in New York city and Brooklyn diphtheria and influenza are prevailing to an extent altogether unusual. The percentage of fatal cases, it is true, is nothing alarming, but the seemingly epidemic character of the influenza recalls the almost universal prevalence of that complaint among us two years ago.

Dr. J. Butts, of Ottawa, Iowa, says, in a letter to us, dated January 25th:—

"We are having a malignant type of epidemic influenza now, all over this country (as far as the human race is concerned); none are exempt from it. The common symptoms are a dry, hacking, wheezing cough, with more or less fever; a loss of strength, with sleepless nights; in a majority of cases it is complicated with some other disease. It is causing a greater mortality than it did two years ago in the west."

Will our readers please inform us of any such epidemics in other localities?

Small-pox Epidemics.

Each extreme of the Atlantic seaboard is suffering from epidemic of variola.

A letter from Havana, dated the 20th ult., says the small-pox is still raging throughout Cuba, and causing many deaths.

Small-pox is reported as prevailing alarmingly in Charlottetown, Prince Edward's Island, owing to carelessness in regard to means of prevention.

Philadelphia County Medical Society.

The next conversational meeting will be held at the Hall of the College of Physicians, Wednesday, February 10th, at 8 o'clock, P.M.

Dr. George Hamilton will read a paper, subject, "Remarks on the Diagnosis, Prognosis, and General Management of Typhoid Fever."

The medical profession in Philadelphia are cordially invited.

Medical Society of Mecosta Co., Michigan.

This society held its annual meeting at Big Rapids, January 12th, 1875. After essays had been read by Drs. Badger and Hendryx, an election for officers was held, with the following result: President, Dr. J. W. Badger; Secretary, Dr. W. W. Bowes; Treasurer, Dr. S. P. Phelps.

Personal.

—Mr. Francis Kiernan, F. R. S., the distinguished anatomist and physiologist, died in London, December 31st, in the seventy-fifth year of his age. He derived most fame from his studies of the liver.

—The *Lancet* pays, in its review of last year's progress in medicine and surgery, the following compliment to an American physician:—

"One of the most important advances in forensic medicine has been made by Dr. Richardson, of Philadelphia, who, by employing a micrometer and the higher powers of the microscope, has shown that a distinctly recognizable difference exists in the size of the blood-cells of man and the other mammalia."

Items.

—In the German Empire, there is one student of medicine to 11,046 inhabitants.

—The deaths in this city during the week ending January 23d were 355, against 282 for the corresponding week last year.

—A case of four children at one birth is reported at Erie, Pa. The delivery took place January 7th. The infants were all females, and all died within four days. Dr. H. A. Spencer, of Erie, informs us that this newspaper statement is correct.

—The health of the Russian army is well cared for. The mortality is only 15 per 1000 men annually. The department of Wilna, in Russian Poland, is the healthiest; the most insalubrious is that of Kazan, four hundred and thirty miles east of Moscow, where there is appropriately located one of the best medical schools in the Czar's dominions.

QUERIES AND REPLIES.

History of Pharmacy.

Syntaxis. Several histories of pharmacy have appeared. The latest is that by Frederking, *Grundzüge der Geschichte der Pharmacie*, Göttingen, 1874.

Death of Rabelais.

Dr. S. L.—The current statement that Rabelais joked and jested to the last minute of his life is doubtful, but his will is said to be well attested! It runs: "I have little, I owe much. The remainder I leave to the poor!"

Pectoral Tea.

Dr. James P. S., of Ohio.—The formula for this is

Marshmallow root,	8	parts
Liquorice root,	3	"
Orris root,	1	"
Coltsfoot,	4	"
Flowers of common mullein,	2	"
Star anise,	2	" M

About an ounce to the quart.

OBITUARY.

DR. JAMES M. KNOX,

A popular and well known physician, committed suicide at his farmhouse in Essex Junction, Vt., on January 15th. He was born in Tunbridge, Orange county, and was about 44 years of age. He gradnated from the University of Vermont, in 1849, and from Castleton Medical College in 1851, settled in practice at Richmond, but removed to Burlington in 1852, where he remained in active practice until about a year ago, when his mental and bodily health seemed to fail him. He had been many years subject to fits of despondency, until his sufferings were terminated by his own hand. The *Free Press* thus describes his death:—

"On the evening of his death, a few minutes after taking his medicine, he went into a dark pantry, as was his frequent wont, to get a drink of cold tea. Near the customary place for the teapot lay a large kitchen knife, with broad blade and sharp point. On this, it is supposed, his hand fell; and it is not impossible that the contact with the knife aroused the sudden impulse to suicide. He took it, passed hastily to the piazza, and at once stabbed himself to the heart. He was a powerful man, and made thorough work. Two stabs penetrated the heart, and a third took effect lower down in his side.

MARRIAGES.

FARRAND—KIMBALL.—At Colon, St. Joseph Co., Mich., at the residence of the bride's parents, Dec. 24th, 1874, by the Rev. J. B. Gilman, of Manchester, Mich., Charles H. Farrand and Miss Henrietta Kimball, only daughter of H. C. Kimball, M. D., all of Colon.

IRVIN—MCCREA.—On Tuesday morning, November 27th, 1874, by Rev. D. W. Collins, George Irvin, M. D., of Aled, Mercer Co., Ill., and Mrs. E. B. McCrea, of Blairsville, Indiana Co., Pa.

DEATHS.

APPLE.—After a brief illness, of only ten hours, on the morning of the 13th inst., of congestion of the brain, Sallie E., wife of Dr. Samuel S. Apple, of the city of Allentown, Pa., aged 25 years, 10 months, and five days.

KNOX.—In Essex Junction, January 15th, James M. Knox, M. D., aged 54 years.

SMITH.—At St. Alban's, Vt., Stebbins Asa Smith, aged 37 years.

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Communications.

THOUGHTS ON FORCE AND DISEASE.

(Read before the Northern Medical Association, of Philadelphia, January 22d, 1875.

BY CHARLES K. MILLS, M. D.,

Of Philadelphia.

Assistant Physician to the Episcopal Hospital; Chief of the Dispensary for Nervous Diseases, University Hospital.

The law of the conservation of energy, whose universality was first announced by a physician, is firmly rooted in science. We are all, with Herbert Spencer, beginning to believe that the sole truth which transcends experience by underlying it, is that of the persistence of Force. Like matter, force is indestructible; and no appliance can beget or increase it. All forms of force, vital and mental manifestations included, are correlated. They are, in a comprehensible sense, convertible. This evening, gentlemen, I propose to call attention to a few of the possible applications of the doctrines of Force or Energy to the study of disease. The term *Energy*, as used in physics, and in this essay, is due to Thomas Young. It is the power of doing work against any force. Potential energy is what a body can do; kinetic energy is what we can recognize it as doing. The former is also known as possible energy, or the energy of position; the latter, as dynamic, or actual energy, or the energy of motion. A pound weight projected upward has a certain amount of kinetic energy, owing to its velocity. When it attains its greatest height, its kinetic energy is all spent, it is converted into energy potential. It gains a position of advantage. During its descent, a reconversion takes place; but when it has fallen the energy is once more potential. The sum of the potential and kinetic energy in the universe is a constant quantity; hence, the doctrine of the *conservation of energy*. The so-called forces of nature are simply phases of this universal energy, and the conversions of one force into another are often the transmutation of kinetic into potential energy, or the reverse.

The ultimate sources of energy have been classified by Balfour Stewart as follows:—1. Potential energy of food, of fuel, of a head of water; that derived from the tides; and of chemical separation implied in native sulphur, native iron, etc. 2. Kinetic energy of air in motion, of water in motion, of the direct solar rays; and that derived from the unequal temperature of different parts of the earth.

Sir William Thomson is the author of a doctrine known as the *Dissipation of Energy*, according to which a tendency to the degradation of the form of energy exists. The potential is being slowly but steadily transferred to the dynamic. Through the radiation of heat into space, celestial systems are running down to lower planes of power. Because of this universal tendency to the dissipation of mechanical energy, the earth must have been in the past, and must again be in the future, unfit for man's habitation, unless unknown operations have been or are to be performed.

Presuming that every intelligent physician is somewhat familiar with recent ideas upon the general subject of Force or Energy, I will pass at once to some thoughts upon pathological dynam-

ics. Our best authorities stumble in attempting to define disease. It is sometimes spoken of as an opposite state to that of health; but is it always this? Is it ever exactly this? Health and disease are certainly varying conditions; but not absolutely antagonistic. They are often separated by an uncertain line. One is shingled over the other. Like all knowledge (according to Spencer), all conditions are relative. The normal imperceptibly declines into the abnormal, and by scarcely recognizable gradations, the latter passes up into the former. We should not draw too heavily the lines which divide operations going on within and without the body; nor dig a gulf too broad and deep between normal and abnormal phenomena.

The average human mind inclines to give orm and magnitude to idealities, or dynamicalities, if I may be allowed the expression. Men speak of disease as an entity: but it is not eruption, carbuncle, or necrosis; it is not the cirrhosed liver, the tuberculous lung, or the hyperæmic brain, any more than sound is the clanging bell, light the brilliant combustible, or electricity the discharging Leyden jar. Are not pathological manifestations simply phases of energy? In our zealous search after materies morbi, we must not lose sight of the dynamical element in disease. "Imponderable matter" was the term not long since applied to such physical forces as heat, light, and electricity; but now we understand that they are modes of motion; and similarly, pathological phenomena are forms of motion. Disease, in this sense, means vibration—brain vibration, nerve vibration, muscle vibration, bone vibration—tissue vibration, in short. Disease might be looked upon as evolved from primordial force; in its multiple form as the complex evolution of a primal departure from normal conditions.

The human organism has been compared by Magrini to an elastic system, whose different parts vibrate in unison with a certain number of undulations, each of which produces a complete effect independently of the others, but all act in harmony. When all the forces acting on a body are mutually counterbalanced, they and the body on which they act are said to be in equilibrium. Equilibrium is not synonomous with rest. It implies motion or action, but action with a uniform effect. Dynamically, health may be said to be equilibrium, disease the disturbance of this equilibrium. In morbid processes, new forces do not necessarily come into play; but rather old forces become perturbed. In health, the sum of the molecular and massive activities in a given individual might be considered as equal to a constant quantity and state of equilibrium; in disease, this constant is temporarily changed, or the activities improperly distributed.

The forces of disease are correlated with each other, and with the natural forces in general. Animal heat, fever heat, and stove heat are essentially the same, and must have analogous causes. Cellulose and starch are chemically isomeric. Machines feed on one, and animals on the other; hence, they both derive the forces by which they are run from substantially the same source. The so-called transformations of diatheses, diseases, and symptoms can best be explained on the principles of force-correlation. Pathological energy of one kind or degree becomes pathological energy of another, as light is changed into electricity, or chemical affinity and heat into vitality. Energy is called from one part of the system to another, or from various points to one morbid rendezvous.

It is not my purpose this evening to give many illustrations, special or general, of pathological correlation. Examples of disease transformations are extremely familiar, and have frequently been pointed out by different writers, and with varying objects in view. I will adduce a few. We see chorea taking the place of rheumatism or skin affections; gastralgia alternating with leucorrhœa; burns of the skin inducing duodenal ulcers; or gout giving rise to a multitude of symptoms. It is well known that the nervous diathesis often seems to be a protection against febrile and inflammatory disorders: and, on the other hand, fevers have restored to good health patients suffering from nervous disease; even mania has been thus relieved. The intimate relationships existing between such conditions as cancer, tuberculosis, scrofula, and syphilis have long been recognized, and fair evidence in favor of their inter-changeability has frequently been brought forward. If we go to the roots of these and similar phenomena of disease, I do not doubt but that we will there find the principle of the persistence of force. They are embraced under the great generalization, the law of the conservation of energy.

Is not the question of hereditary influence in the transmission of disease one simply of potential and dynamic energy? Phthisis, syphilis, or insanity, for instance, is manifested actively in

one generation, illustrating dynamic or kinetic energy. In the offspring of this generation, disease may be active or passive. It may be of the same or a different type from the original disorder. The syphilitic parent may have a syphilitic, tuberculous, or insane child; or insanity in the parent may show itself as chorea or epilepsy in the child. Kinetic energy of one kind in the first generation becomes kinetic energy of another in the second; or, instead of this programme, a still more curious one may be followed. Inherited disease in a second generation may remain passive, or latent, that is, *potential;* and in a third show itself in a dynamic form. Perhaps not until a fourth or fifth generation, will this potentiality of disease become an active power. Interchanges of diseases have been clearly traced through five generations.

The nervous system affords some of the most striking examples of correlation. Wonderful blendings and combinations are often witnessed. We are constantly greeted with transformation scenes. One disease passes into another. Two or more disorders are found in one individual. Diseased action of one nervous centre is suddenly transferred to another. Mental disturbance and nervous disease of a lower order are observed interchanging. For the elucidation of some, at least, of the problems presented, with our present knowledge and modes of observation, pure dynamics is our only refuge. In many cases structural changes cannot be discovered, hence the laws which govern ordinary material phenomena will not answer, or must be carried by the trained imagination into the sub-sensible world. Let me be clearly understood. Because we cannot ascertain the material causes of a disease, I do not hold that they do not exist. In primary concussion of the spine, serious results may ensue without discoverable lesion, changes in the rates of molecular vibration probably resulting from the violent shaking up of nervous matter. Such pathological phenomena are not more wonderful and incomprehensible than the thermal and luminous manifestations which arise from molecular activities. The wave theory of light rests on assured foundations, and yet it is based upon the existence of an ether which eye has not seen, nor ear heard, but which it *has* entered into the mind of man to conceive.

What takes place in some cases of nervous disorder, seems to be comparable to what happens with a Leyden jar. A great difference certainly exists between a jar charged, and one not charged, as I have more than once demonstrated to my personal discomfort. The difference, however, is dynamical, according to our present knowledge. That which leaves the jar is a force, electricity. The eye or the microscope will not reveal any changes of structure. Sudden fright or shock may cause serious disease, or even death; and, on the other hand, severe disorders may be checked by a violent emotion. After long continued mental exertion, an individual may be temporarily unfit for willing, thinking, or doing. Pathologists have been unable to discover lesions in many cases of insanity. Something leaves the body, or something takes place within it; but the changes which occur are either purely dynamical, or only sub-sensibly material.

Latter-day psychology is a study in dynamics. Mental action is dependent on nervous structure. From nerve cells or molecules springs force; but this process is not an act of spontaneous generation. The nervous centres can give out only what they have taken in. They cannot, by some occult power, manufacture something out of nothing. They obtain from the blood that material which best answers their purposes; and with it they transform matter and force upward. Thought, which is the highest kind of vital manifestation, in its active form is the dynamic energy of nerve cell; and in its latent form, it is the potential energy of the same. Hence, mental acts and aberrations are phases of force.

Abundant illustrations of physical, and what might perhaps be termed vito-pathological correlations, might be readily furnished. When the electrodes of a battery are placed upon the brow, or one upon each temple, and flashes of light are seen, have we not an example of the conversion of electricity into nerve-force, and of the latter into light? The phenomenon might certainly, without any straining of reasoning, be so understood. Sensations of sound and taste, produced in an analogous manner, migh be similarly explained; as might also the effect known as photopsia or phosphenes, a perception of light present in some cerebral and ocular diseases, or caused by pressure on the eyeball In a recent editorial on the "Nature of Nerve Force," in the MEDICAL AND SURGICAL REPORTER, the editor of which journal shows a constant and enlightened interest in the broad and fundamental problems of pathology, I find a con-

densation of some matters bearing upon this portion of our subject, which points, if proved, he writer suggests, will at once bring nerve-force into the category of forms of motion. He refers to the hero of one of Jean Paul Richter's novels, who always had around his head a luminous appearance, somewhat like the aureole or nimbus of old painters; and he quotes rom Brown-Sequard, who speaks of animals that are phosphorescent under their wills, and the influence of the nervous system, and who refers to cases of consumption, mentioned by Marsh, in which light has come from the lungs.

In the study of fevers, clear dynamic conceptions are highly useful. Many say that the essential pathological condition of fevers is seated in the blood; but good authorities admit that the correctness of this view is not demonstrable. Whatever may be the truth, it cannot be doubted that the term "blood-poison," so frequently employed in the discussion of febrile affections, is often simply a convenience, like the word "marasmus" in the case of a baby who has died of some obscure disorder. The fact that a morbid material in the blood is not necessary to account for the symptoms of the essential fevers, is sufficient to throw grave doubt upon the hypothesis of blood-poisoning. Prof. H. C. Wood, and others, have shown that the direct application of heat to the body, and to the brain, will give rise to violent fever; and here the first impression is upon the nervous system. The phenomena of incubation prove but little either way. The gradual development of some fevers suggests the gradual lowering of molecular activities within the body, a process which does not, necessarily, at least, involve the presence of a poison in the blood. After this lowering process has passed a certain line, the tension of the nervous system is overcome, the disease is fully formed.

The phenomenon of *latency* in febrile and other affections, is of interest from the standpoints we are endeavoring to take. The physicist speaks of latent heat; the medical man of latent typhoid fever. Disease is latent in the same sense that heat is latent. It was formerly supposed that latent heat represented a certain amount of an imponderable fluid which hid itself among the interstices of the substance heated; now, it is known that it means merely a certain amount of interior work or molecular motion. Disease, like heat, may be latent in this way. Instead of the ordinary sensible manifestations of disease, interior molecular vibrations are set up, which either are so general, as by dissipation to reduce the total effect, or by accumulation upon some organ or tissue, produce results more dire than if the disease had continued to be strongly manifested externally.

An understanding of the true doctrines of force and motion, must lead to a more rational therapeutics, to methods of treatment founded upon basic scientific principles. Bearing in mind the truths of conservation and correlation, the practitioner of medicine will address himself to the task of restoring the normal equilibrium of the body's forces. He will discover a new significance in such remarkable reciprocal relations as those which exist between pulse, respiration, and temperature. He will see more clearly that in many cases the ensemble of symptoms essentially constitutes the disease. He will not so frequently resort, at least not with the same objects as in days gone by, to vomiting, purging, bleeding, or other similar procedure. He will learn—indeed, he has already learned—to lay less stress upon the destruction of so-called blood-poisons, and the elimination of imaginary morbid materials from the system.

Success in treatment will often depend on the ability of the physician to mentally solve the problem of the relation of food and medicine to work and waste. In disease, some portion of the machinery of the body is too actively employed, or is not doing its full duty. It has been calculated that the work due to animal heat would lift the body through a vertical height of six miles per day; and an additional amount of work equivalent to the body lifted through nearly one mile per day, is spent in maintaining its temperature at fever heat. In a disease like Asiatic cholera, the phenomena of work and of animal heat are the opposite of those noticeable in fevers. Waste is proportional to work, tear to wear. From considerations of this nature, we recognize at once the importance in fevers, of a treatment directed to the reduction of temperature, and the retarding of tissue metamorphoses; and the equal importance in other affections of an exactly opposite procedure.

Under the influence of recent dynamical doctrines, new ideas in regard to inflammation and its treatment already largely prevail. We know that textural excitement precedes inflammatory hyperæmia. Effects which are spoken

of as directly dependent upon inflammatory action, are sometimes several removes from a first cause; inflammation itself being a secondary state, often merely an intermediate condition of expiation—a sort of pathological purgatory. In the establishment of inflammation, the walls of the blood-vessels first become more or less deprived of their vital endowments—of their vital force. Lister found from his experiments that the visible evidence of diminished functional activity accompanied, if it did not precede, the earlier approaches to inflammatory congestion. Carbonic acid will paralyze the vital energies of tissues, and thus give rise to intense but transient congestion.

Curiously enough at first sight, perhaps, but not so strangely in the light of the underlying principles of matter and force, does the fact appear that we sometimes have the most success in treating certain inflammations with remedies which are rather stimulant and tonic, than depressent, or "antiphlogistic," in character. Increased morbid local action is often dependent upon diminished general vitality. According to the healthfulness of a body, will be its resisting and repressent powers. Milk punch and quinine are highly efficacious in certain inflammatory affections of the throat, because the disorders are those of general depression.

I might, perhaps, generalize to a practical end by saying that the force which goes out from the body has often far more to do with the causation of disease, and should be taken much more into consideration in treatment, than the matter which enters the system. If the phenomena of radiant force were better understood, and more usually applied by physicians, some of the mysteries of disease would soon disappear. Heat is radiated from all bodies at all times. Thermal rays proceed from a substance until its temperature sinks to that of the surrounding medium. Frozen mercury, in a cavity of ice, will be melted by the heat from the ice. Different states of the atmosphere have different amounts of diathermancy, or the power of transmitting force as expressed in heat radiations. Taking cold is often dependent upon the fact that too much animal heat, that is, too much force, has been lost by radiation. With the aid of these principles of radiation, considering the total force or excitability of the system at any given moment as a fixed amount, we get perhaps a reasonable explanation of the remarkable results which flow from counter-irritation, and from allied instrumentalities, such as revulsives, purgatives, and blood-letting, local or general. They reduce, call off, or transmute energy. By means of a blister or rubefacient, the force which has been destructively concentrated on an internal and vital organ, is partially or wholly transferred to an external and less important part, whence it is, measurably, at least, dissipated into space. The true idea in venesection is not so much to exsanguinate and starve out, as it is to relieve vascular tension by counteracting or reducing a surplusage of force. I know not how to account for counter-irritants, like hypodermic injections, acting most serviceably over the seat of a disorder; unless by the fact that dynamical impressions travel in right lines.

I hope that nothing which I have said will be interpreted as an argument against the usefulness of pathological distinctions. The establishment and corroboration of differences among diseases and dyscrasia are of the utmost value; but the great principle of unity in diversity should always be kept in view. Light is not electricity, gravitation is not heat, yet these, and all physical forces, have a nature in common. They differ in manifestation and direct causation. In my somewhat fragmentary remarks this evening, gentlemen, I have tried to make prominent the thought that in pathology similar truths hold good; that all the disorders to which our frail natures are liable are bound together by a fraternal chain, forged from the doctrines of energy. Physicians as a class, like the English as a people, are strongly conservative; but certainly no good reason can be assigned why, in the study of disease, they should not give to dynamical ideas that higher consideration, which they are at present everywhere else obtaining.

The revived attention which is being paid to the nervous system, and its part in disease, is an encouraging sign of the times. These problems are not, by any means, purely questions of to-day. Fragments of the modern doctrine of force and motion may be found cropping out here and there in Hoffman's theory of nervous influence; in Erasmus Darwin's idea of association; in the Cullenian view of motions regulated by a living principle; in the Brunonian hypothesis of excitability or incitability, and in other medical teachings and systems of both earlier and later date. My remarks are not intended to be in the especial interest of any particular

school of medical or scientific thought. We may be pure physicists or vitalists, believers in the protoplasm of Huxley or the bioplasm of Beale; with Newton we may have faith in divine interposition, or with Tyndall recognize only matter's inherent powers; with Agassiz look upon man as a special creation, or with Darwin consider him to be descended from the lowest forms of life, or even with Hæckel, regard him as the ultimate evolution of primordial mud. One thing, however, is certain—the nearer we come to applying pure physical laws to our conceptions, the clearer and better will be our knowledge of the truths of nature; whether those truths be exemplified in earth or air, in the organic or inorganic world, in health or in disease.

Some of my professional brethren decry investigations, such as those to which I have been calling attention, as useless theorizing. With dreadful reiteration, they talk of "facts," and the "logic of facts." Verily, gentlemen, I believe in facts and their logic. In books and fields, in hospital and clinic, by the bedside and in the laboratory we should aim to be fact-hunters and note-takers; in the highest meaning of the term, above all, to be "practical." In the best culture, however, facts and principles, theory and experiment, go hand in hand. Faraday, the greatest of experimentalists, was also one of the greatest of theorizers—of speculators, if you choose. It is not theory, but blind and obstinate adherence to a certain theory, or the elaboration of ideas from consciousness, instead of from observation and experiment, which should be avoided and condemned by our profession, or any other in which brain-work predominates. In place, however, of my weak words, let me, in conclusion, quote to you as bearing upon this point, the language of one whom you will all doubtless recognize as a master in medicine, Thomas King Chambers:—

"It is true that there are, and always have been, practitioners who declaim against theories altogether, who even boast that they can do without them, and think them useless, not considering that to express such scorn is as if we should be proud of not knowing what we do when we act, or what we say when we talk. To reason at all is to theorize; no one without theorizing can direct a method of cure to a sick person except at hap-hazard. As a matter of fact, none of these objectors ever do prescribe without theorizing about either the individual sufferer or the class to which they refer his sickness, though not always able to put their theory into words. In short, the want of a guiding principle to connect the loose facts of daily experience has at all times been felt.

"From this practical need have been bred the many systems of therapeutics stamping their mark from time to time on the history of our art. They have sprung from the brains of working men at the bedside, not from philosophers in their closets. Their adopters have not necessarily any strong faith in their truth or universal applicability; but the heart wearies for a chain to link together the scattered fragments of knowledge—a string for its pearls; it must have an idea on which to codify the laws of action."

Note.—In an article like the one here offered for consideration, which has been prepared in most part without direct consultation of authorities, it is somewhat difficult, without overdoing the matter, to give credit to all sources of information; but I will endeavor to append a full list of the works to the spirit and letter of which I may be more or less indebted: First, medical text-books, such as, "Trousseau's Clinical Medicine," "Holmes' System of Surgery," "Chambers' Renewal of Life," "Maudsley's Physiology and Pathology of the Mind," "H. C. Wood's Thermic Fever," and "Dunglison's History of Medicine." Second, special articles, such as "Le Conte's Correlation of Physical, Chemical and Vital Force," in the *American Journal of Sciences* for November, 1850; G. F. Barker's "Correlation of Vital and Physical Forces in Half-hours with Modern Scientists," New Haven, 1872; "A Series of Expositions," by Grove, Helmholtz, Mayer, Faraday, Liebig, and Carpenter, in "Youman's Correlation and Conservation of Forces," D. Appleton & Co., New York, 1865; and "Thoughts on the Nature and Origin of Force," by William B. Taylor, and an "Address on the Relation of Food to Work, and its Bearing on Medical Practice," by the Rev. Samuel Haughton, in the "Smithsonian Report" for 1870. Third, Portions of the well-known scientific writings of Tyndall, Huxley, Spencer, and Balfour Stewart.

Hospital Reports.

BELLEVUE HOSPITAL.

SURGICAL SERVICE OF JAMES R. WOOD, M. D.,

Professor of Surgery, Bellevue Hospital Medical College, New York.

Case 1. A woman, aged about fifty, with shoulder dislocated. The lower end of humerus pointing outward, the upper end inward, a depression over the deltoid muscle, and the patient was unable either to place her hand upon the head or upon the opposite shoulder. The case was diagnosed a dislocation of the head of the humerus into the axilla. Patient placed upon

a mat upon the floor; an assistant placing the heel in the axilla, another made traction upon the humerus, while the professor manipulated the head of the humerus. After a very short time the head slipped into the socket, and the arm retained in place by means of bandages.

During the remarks of the Professor, he explained the various forms of dislocation of the shoulder, the muscles which are concerned in the movements of the shoulder. He showed various prepared specimens of dislocation, and explained the ancient methods of producing relaxation of the muscles. At present, this is produced by ether or chloroform, but in olden times it was produced by other means. He remembered the case of one old lady with a dislocated shoulder, whom his preceptor requested to lie on the floor, in order that the head might be introduced into the axilla. She repelled the proposition. The Doctor then suddenly jumped into bed with her. She fainted immediately, but before she recovered, her shoulder was in its proper place. In one case a pail of water was thrown into the face of a patient, and while the indignation of the sufferer was at its height, the muscles were relaxed and the shoulder easily reduced. The object should be to surprise the patient, take them while sleeping, while inactive, when the mind is not directed to the parts; in any way while the parts are relaxed.

Still there are other methods of producing this which were resorted to in olden times. One was by lifting the patient up by the arm, the weight of the body being sufficient to cause the arm to spring into place, and you may manipulate in many ways to reduce the dislocation. They used to use compound pullies—a very powerful instrument used for the purpose. There was extension and counter-extension. Tobacco decoction was introduced into the rectum, warm baths, and every means to reduce the rigidity of the muscles.

Case 2. A patient sent here for the purpose of having the leg amputated. He has had necrosis of the femur for over a year. The whole leg is in a bad condition, and the disease is gradually but surely extending up to the trochanter major. It commenced low down upon the thigh, near the lower end of the femur; now it reaches up the middle third of the thigh.

Amputations of the thigh are always serious. He was sorry to be able to say that about eighty per cent. of amputations in the upper third do not recover; the percentage of death increases as you approach the upper end of the femur. You can perform the operation with comparative safety at the lower third.

The operation which he preferred was that known as the lateral skin flap operation, when operating at the lower third of the thigh. The manner of performing it is by placing the thumb and middle finger on either side of the thigh as a guide, then with the heel of the knife on one side of the leg, draw across while cutting, thrust the blade through the limb, bring the knife out so that a proper flap will be made, thrust the knife through beneath the bone, and make another flap beneath, then saw off the bone. The operation in this case occupied exactly forty seconds. A proper skin flap was then made, the arteries ligated, and the wound dressed. In this case there were a good many sinuses issuing from the bone. They were cleansed with carbolic water, so that when the bandage was applied from the toes, no decomposed matter could be forced up into the system, causing septicæmia, etc.

One of the objections found by Dr. Wood to Esmarch's bandage, is that it carries pus with it. He had never had trouble in this way: He used a broad bandage instead of rubber cord. A great many surgeons, especially British surgeons, object to Esmarch's method because embolism may be produced by it, and be carried up into the arterial system, the heart, the brain, and produce terrible mischief. He had never had any of this trouble, and he has never heard of anybody that did! It does not take very long to do this operation. But it is well to do it as rapidly as you can. Still, if you cannot do it well by doing it rapidly, take two hours if necessary. When there is diseased tissue in the flap, it should be dissected away. This is a secondary operation, and these operations do a great deal better than primary operations.

Dr. Wood then, upon the amputated limb, performed various operations. The lateral flap operation, an amputation of the upper end of the tibia, of the lower part of the leg, etc. He never uses a retractor, and never uses a knife or saw twice. Instruments should always be well cleaned before using again.

The leg which was amputated, when examined, exhibited fatty degeneration and hypertrophy of the bone, and a diseased condition generally.

Medical Societies.

COLLEGE OF PHYSICIANS OF PHILADELPHIA.

W. S. W. RUSCHENBERGER, M.D., IN THE CHAIR.

Wednesday evening, May 6th, 1874.

The following case of

Adenoid (Hodgkin's) Disease,

Was read by James H. Hutchinson M.D., Physician to the Pennsylvania Hospital.

W. M. L., æt. 19, a native of Vermont, unmarried, and a news agent by occupation, was admitted into the medical wards of the Pennsylvania Hospital, January 26th, 1874. He did not come under my care until February 1, when the following notes of his case were made by my clinical clerk, Dr George S. Gerhard.

"The patient's mother died of phthisis after having suffered for many years from enlargement of the cervical glands, but with this exception there seems to be no tendency to here-

ditary disease in his family. He has always been temperate in his habits, and has never had any form of venereal disease, or any serious illness before the present one began, about six weeks before his admission. At that time he complained of a feeling of soreness in the front of the chest, and in the muscles of the shoulders and arms. He did not, however, have actual pain until several days subsequently, when he became aware of the sensation of constriction at the base of the thorax. He also observed that his lower extremities were weak and numb. This symptom increased in severity until he was unable to walk except with assistance. The day prior to his admission he became absolutely paraplegic, and lost control over his bladder and rectum. He has never had any dorsal pain or any pain in the extremities, but has occasionally suffered from twitchings of the muscles. Upon inquiry it is discovered that he had at one time (some years ago) enlargement of the glands on the left side of his neck, but the enlargement of those on the right side, which is now apparent, was not observed until May last. Soon after his illness began he noticed a swelling over the upper bone of the sternum, which has gradually increased in size, until it is now as large as half an orange. It has been from the first tender to the touch.

"Upon examination the patient is found to have complete paralysis of motion and sensation of all the parts of his body below the thorax. The parts in which sensation is preserved can be sharply separated from those in which it is lost by dragging a pin along the surface of the abdomen where it is not felt at all. As soon, however, as the lower part of the thorax is reached, it is distinctly perceived. He complains also of a feeling of constriction about at the level of the line separating the sensitive from the paralyzed parts, but he has no pain or tenderness along the dorsal vertebræ. There are, moreover no contractions and no spasmodic twitchings of the muscles, but there is a notable increase of reflex movements. The palsied muscles respond fairly well to an induced current of moderate intensity, but feebly so to the galvanic. On the right side of the neck there is a mass of much enlarged glands, firm to the touch and not tender. Upon closer examination it is possible to trace the outlines of several glands which appear to be loosely bound together. At the inner part of the upper eyelid there is a tumor, due, probably, to an enlargement of a meibomian gland. In addition to this and to the tumor over the upper part of the sternum, already referred to, there are numerous tumors, varying in size from a millet seed to a walnut, distributed over the body, especially on the trunk, although the arms and legs are by no means free from them. They are, for the most part, situated beneath the skin, and are hard to the touch; a few, however, project as pedunculated appendages. The axillary and inguinal glands are slightly enlarged, but free from tenderness. No enlarged glands or tumor of any kind can be felt within the abdominal cavity. Neither the spleen nor the liver is enlarged. The patient is very pale and emaciated; his tongue is slightly furred, his appetite is poor, and the nails of his fingers have a decidedly bluish color. The urine contains an excess of the phosphates, but no albumen. Its specific gravity is 1020. His blood, upon being examined microscopically, is found to contain a slight excess of white cells. No disease of his lungs can be detected, but it is impossible to make a satisfactory examination of them in consequence of the pain he suffers when moved. The heart is healthy."

Feb. 20. "The patient has become very anæmic and more emaciated than when the last note was made. The paralyzed muscles are wasting, but reflex movements can still be excited in them. The small tumors beneath the skin of the trunk, arms, and legs, have increased in size, and this is also true of the large one over the sternum, but it is less tender to the touch than before. A few small nodules can be felt beneath the skin of the face; in fact there is no part of the body where some cannot be detected upon close examination. They are, however, less numerous on the posterior aspect of the body than in front. The feeling of constriction around the body at the base of the thorax still continues, and gives rise to much suffering. The pain is much increased upon movement. A bed-sore has formed over the sacrum in spite of every precaution to prevent it."

The notes after this, although taken almost daily, merely show that the disease progressed from bad to worse until death released our patient from his sufferings on May 4th, 1874, or very nearly five months after the manifestation of the first serious symptoms, and a year after the enlargement of the cervical glands was first perceived.

The autopsy was made eighteen hours after death. The body was much emaciated. Rigor mortis well marked. Bed-sores existed over the sacrum and the right shoulder blade. A very large number of tumors, varying in size, were observed, scattered over the whole surface of the body, being found on the head as well as on the trunk and extremities. A few of these, not more than three or four, were pedunculated and took their origin in the true skin; the remainder were more deeply seated, being situated between the skin and superficial fascia. At the inner part of the left upper eyelid was a lobulated tumor of the size of a hazelnut. The cervical glands of the right side were enlarged, forming a tumor equal in size to a small orange. Over the upper third of the sternum, and extending to the notch above and to the cartilages of the ribs on the sides, was the largest tumor in the body, measuring from three and one-half to four inches in diameter, and raised above the surface at least one and one-half inches. It was found to penetrate the bone, and was nearly of the same dimensions beneath the sternum as above it. The venous and arterial trunks of

the neck were in contact with it in the anterior mediastinum. The other tumors, which varied in size from a small pea to half a walnut, were distributed over the body as follows: On face, twenty-four; on front of chest, seventy; on front of abdomen, sixteen; on back, twelve; on right arm, eighteen; on right leg, thirty-three; on left arm, forty-three; on left leg, twenty-three; making in all two hundred and thirty-nine.

Head.—The skullcap was moderately thin. The membranes were not congested, and presented, in every respect, a normal appearance. There was no effusion. Twenty tumors, the largest the size of a small filbert, the smallest that of a grain of wheat, were counted scattered over the surface of the brain. The largest were distributed as follows: Anterior lobes, upper surface, right side, three; left, one; lower surface, right side, two; left, one; middle lobe, base, right side, one; left, two; cerebellum, on under surface of right lobe, one; on upper surface of left lobe, one. The smaller tumors were seated in the upper and lateral surfaces of the right posterior lobe of the brain. They so closely resembled the brain-substance in appearance that they would have escaped notice if they had not been specially looked for.

Spinal Column.—On opening the chest and removing the thoracic viscera, a tumor was found completely surrounding the bodies of the sixth, seventh, and eighth dorsal vertebræ, and continuous with this through the intercostal spaces were similar growths occupying the gutters on both sides of the spinous processes, but causing little or no projection posteriorly. The spinous and transverse processes of the vertebræ just mentioned were so soft that they could be readily cut with a scalpel. Upon removing them the tumor was seen to have penetrated into the spinal canal, where it was adherent to the dura mater. It compressed the spinal cord, which in this position was less firm than elsewhere. A similar, but much smaller, tumor was found within the canal at the level of the last dorsal vertebra.

Chest.—The pleuræ were healthy. There was no effusion into either of the pleural sacs. The lungs contained a large number (as many as three hundred were actually counted) of tumors, similar in appearance to those in other parts of the body. Their average size was about that of a large pea, but a few were considerably larger than this. They were seated immediately beneath the surface of the lungs as well as in their interior, which in other respects presented a healthy appearance. But one tumor was detected, taking its origin from the parietal pleura, and that one was situated on that part of it in contact with the pericardial sac. The pericardium was smooth; no tumors existed either on its parietal or visceral layers. The sac contained about two ounces of clear straw-colored serum. The heart was normal in size and in consistence, but was pale in color. Its cavities contained both black and white clots, which extended into the great vessels. The valves were healthy.

Abdomen.—There was no trace of peritonitis, and no effusion into the peritoneal sac. Small tumors, about the size of a grain of Indian corn, were scattered over the peritoneal covering of the intestine. The mesenteric glands were much enlarged and prominent, but no other glands within the abdominal cavity were diseased. The omentum was entirely free from fat. The rectum was distended and filled with light-yellow colored fecal matter. The liver was normal in size, color and consistence, being entirely free from tumors, either on its surface, in the connective tissue of the fissure, or in its substance. The gall-bladder contained green-colored bile. The spleen was not enlarged, and presented an absolutely healthy appearance. The supra-renal capsules were enlarged; the left one contained a grandular growth. The kidneys were normal in size; their tissue was firm and dense. On the surface of one of them was found a small growth pressing into the substance of the organ. The connective tissue surrounding the kidneys held in its meshes numerous similar tumors. The capsules were easily removed, leaving a smooth surface, which, however, showed a slight tendency to lobular depression or contraction. The pelves and ureters were filled with a gritty sabulous deposit from the urine. The walls of the bladder were thickened; its mucous membrane was rough, and in places covered with calcareous matter; in other places it was discolored by ecchymoses. The urine contained in the viscus was bloody.

Bones. — A small piece of the left femur, about its middle, was removed, for the purpose of examining its medullary cavity. This was filled with a yellowish-green gelatinous substance. The body having been necessarily much mutilated by the examination, it was deemed unnecessary to remove the enlarged cervical glands, or the tumor of the eyelid.

There is the same difficulty in discovering the cause of the disease in this case, as in almost every other reported case. Virchow believes that the cervical enlargement, which generally ushers in the disease, is preceded in many cases by otorrhœa, and Jaccoud thinks with Mosler that it often may be traced to frequent attacks of pharyngitis; but while a few of the authors whose papers I have been able to consult refer to these opinions, none of them report cases which at all substantiate them. In my case there was a history neither of otorrhœa nor of pharyngitis, nor of anything else which would be likely to have a determining influence in the production of this disease. It is true that the patient's mother was affected for many years with enlargement of the cervical glands; but the fact that she died finally of phthisis seems to justify the conclusion that this was due to scrofula, rather than the disease under consideration. Moreover, among the fifty-eight cases I have collected, there is not one in which the reporter believes that hereditary influence had any share in the production of this disease. The reports of the case in the *Transactions* of the London Pathological Society are not always

very full, and it is, therefore, possible that I have been led into error by them, but I can find in only three cases a positive statement that a predisposition to either phthisis or tuberculosis existed; and in only seven did the post-mortem examination show the presence of either of these conditions, and in a few of these it is probable that these tumors were really lymphadenomata. This is a result different from what I had anticipated, for, believing as I do that tubercle is a minute lymphadenoma, I had expected to find in most of the cases a marked predisposition to tuberculosis.

[Dr. Hutchinson closed with an analysis of fifty-eight other cases of the disease and a bibliography of the subject.]

Editorial Department.

Periscope.

Non-Nitrogenous Diet in Chronic Rheumatism.

As an example of this plan the following case is cited, as given in the *Lancet* by Dr. E. L. Mass:—

At first sight it might be assumed that a diet of oil, starch, and sugar, would, by the lactic fermentation of the two latter, exaggerate a disease known to be associated with an increase of lactates. But lactic fermentation depends for its origin on the katalytic action of decomposing nitrogenous substances, such as may occur in the imperfect digestion of ordinary food. Therefore, if rheumatism, like scurvy, could be cured by diet, the non-nitrogenous plan is rational enough. My reason for trying it, as stated above, was, however, quite independent of any such chemical theorizing. I may at once say that the diet did not cure the rheumatism, though it permanently removed some of the accompanying symptoms; nevertheless the results are noticable as confirming those mentioned above, especially as the diet was persevered in for a longer period than in any cases I have seen recorded.

The following may be taken as an index of the patient's condition during the week previous to the commencement of the treatment: Average axillary temperature, 99.4°; pulse (lying) 92, weight 129 pounds; digestion slow and imperfect, accompanied by feeling of distention and acid eructations. Bowels irregular, diarrhœa and constipation alternating. Total quantity of urine in twenty-four hours, 38oz.: its specific gravity 1016; and free acidity, expressed according to Vogel's plan in grammes of oxalic acid, 1017. This amount of acidity was so much greater than I expected to find, that I at first attributed it to such acid fermentation as might take place in various portions passed within the twenty-four hours, but estimations made immediately after micturition gave a very similar result. The normal free acidity, according to A. Winter, is equal to 2.3 grammes oxalic acid.

The diet adopted was that given by Dr. Parkes, with the addition of tapioca pudding, without milk or eggs. It consisted of arrow root cakes made with butter, melted and poured off from its curds. Some cakes were made with sugar, some without, and arrowroot porridge with treacle. After a trial of three days the man complained of the monotony of this regimen, and a glass of weak gin-and-water was added to the scale, as I could not be certain of his strict adherence to it, if he was dissatisfied, and the addition, though unlikely to aid the reduction of acidity, would not interfere with the character of the diet.

After careful adherence to non-nitrogenous and non-saline diet for seven days, his axillary temperature, mean of morning and evening observation—was 99°; pulse, 79; weight, 125 pounds. Total quantity of urine, 40 oz., spicific gravity, 1009; it was still acid, but after four careful estimations its free acidity was found to be reduced to equal to 1.77 grammes of oxalic acid. If Haughton's tables can be trusted under such abnormal diet, the daily quantity of urea was reduced by 86 grains.

The case progressed to recovery.

The Management of Apoplexy and Paralysis.

Dr. Bastian, in a recent number of the *Lancet*, advises as follows:—

You cannot keep your patient too quiet in mind and body. You must keep him cool, see that his head and shoulders are well raised, give him nothing but light and easily digestible food, whilst at the same time you may endeavor to calm any undue excitement about the heart's action by the administration of bromide of potassium or of aconite. When hemorrhage is threatened, moreover, you must always administer purgatives or emetics with the utmost caution, and by no means resort to them as routine measures. Keep well before your mind the risk which may be entailed by an indefinite amount of muscular straining, in the act of vomiting, for instance, so that you may not resort to such measures except in the face of a strong necessity for emptying an overloaded stomach.

Our treatment of the apoplectic condition itself is now wholly different from what it was

in the last generation, when our predecessors bled their patients again and again, and were by no means sparing in their use of blisters and of drastic purgatives. The teachings of the late Dr. Todd, of Trousseau, and many others, on this subject, have fortunately been very widely received and adopted, so that it is now almost needless for me to say anything against a method of treatment which, however firmly established it may have been at one time, is now almost wholly discontinued. We have happily learned to recognize the inutility of, and also to fear the risks attendant upon, this routine method of bleeding and of active interference generally, so that we are content to trust more to nature or to the natural course of events, and to subordinate our own direct efforts at curing or cutting short the comatose condition.

Still, much may be done by watchful care and attention. Should there be much heat of head, with violent throbbing of vessels, you may apply ice in a bag, or evaporating lotions, whilst your patient lies in a cool airy room, with head and shoulders raised, and everything loose about the neck. At the same time you may wrap the feet up in flannels, and apply hot bottles to them. Should your patient be able to swallow pretty easily, you may attempt to tone down an excessive force and frequency of the heart's action by moderate doses of bromide of potassium combined with tincture of aconite. But where the pulse is very rapid and irregular, without undue force, it will be most prudent to abstain from the administration of drugs. On the other hand, where the breathing is very slow, and the pulse flickering and weak, whilst the patient's face is cold and clammy, you must have recourse to a very cautious administration of stimulants.

Should an epileptoid condition supervene, in which there are rapidly recurring convulsive attacks, these should be met by rather large doses of bromide of potassium, and the same remedy in smaller doses is often very useful where there is a restless condition with more or less delirious wandering. In very many cases, however, no drugs will be required during this stage. The patient's condition must be carefully watched, and if it seems desirable to unload the bowels this may be often best accomplished by means of an enema. The state of the bladder must also be looked to, and the urine drawn off by a catheter if necessary.

For many days after the condition of unconsciousness has wholly or partially passed away the patient must still be kept as quiet as possible in body and mind, and this rule more especially holds good where there is reason to believe that hemorrhage has occurred. The diet and secretions must be carefully regulated, and in those exceptional cases in which there is very great difficulty in deglutition, the most prudent course for a time may be to feed the patient by means of a tube (to which a small funnel can be attached) passed through one nostril, and down as far as the commencement of the œsophagus. We may thus better secure rest for the damaged nerve-centres, and so contribute towards the patient's earlier recovery. And similarly where there is very great difficulty in articulation the patient should for a time be kept absolutely quiet, and not allowed to attempt to speak. A little later on, when there is less danger of inducing irritation at the seat of injury, the patient must be encouraged to swallow properly prepared food, and he must also be encouraged in his attempts to repeat or utter simple words.

On Urohematuria.

A paper on this subject, by Dr. J. K. Spender, is epitomized in the *British Medical Journal*. The author related how a perfectly pale, almost colorless, urine might be the unsuspected vehicle of blood, robbing the body to a not less certain and damaging extent than if it displayed itself as ordinary blood in the usual way. Exhibiting no danger-signals to either doctor or patient, this treacherous and seemingly innocent urine might contain every element of destruction, and might represent wear and waste of a most fatal kind. The knowledge of this clinical condition was due to the sagacity of Dr. George Harley, who described it more than ten years ago. It frequently accompanied chlorosis, and could be demonstrated in the following way. The specific gravity was seldom below the standard, but if to a sample of the urine (which might contain no sugar or albumen) strong hydrochloric acid were added, a port-wine tint would be rapidly assumed, showing that there was an excess of combined urohæmatine, which was liberated by the acid. Consequently, there might be an immense destruction of blood-corpuscles in the body, and their *débris* be so eliminated as to be invisible until the application of an acid set it free. In these cases, the urine never contained blood-corpuscles. It was always alarming when the liberal administration of iron did not alter the urine, or hinder the excretion of metamorphosed blood; but Dr. Spender had found Dr. Harley's description literally true in so many cases during the last ten years, that he thought it might be an advantage to bring the matter under the notice of his medical friends.

On Membranous Dysmenorrhœa.

At a meeting of the London Obstetrical Society, in December, Dr. George Hoggan read a paper on the "Nature, Cause, and Treatment of Membranous Dysmenorrhea," illustrated by diagrams and microscopic specimens. The specimen was formed of two different structures, continuous with each other, one from the vagina, consisting of the well-known pavement cells of the part, the other from the uterus, and formed of embryonic tissue in its early stage, and identical with the structure of the decidua. This rare specimen explained the diverse views on the subject; one school holding that it was an exfoliation, and the other that it was an exudation, the fact being that different observers

had examined different ends, and therefore structures, of the same membrane. From the symptoms of the case, the membrane seemed due to inflammation. To the naked eye and under the microscope the vaginal portion resembled such products of inflammation as the skin of a blister or the membranous cast of the urethra thrown off in urethritis. The conclusion, therefore, was that the uterine portion continuous and contemporaneous with it was also due to inflammation; but *vice versâ*, the uterine portion which was identical with the decidua was probably due to the same cause, *i.e.*, excessive vital stimulation, and the vaginal portion continuous with it likewise. It was therefore reasoned that inflammation and excessive vital stimulation were the same thing, the latter expression being now offered as a new and correct definition of inflammation. The rational treatment he had employed with success was to lower generative action by anaphrodisiacs, as the bromide of potassium, in large doses, prior to the commencement of the period.

Dysmenorrhœa.

Some useful clinical remarks by Dr. Peter, of the Hospital St. Antoine, of Paris, are given in the *Lancet*. The case was of a sister, aged 19, a severe sufferer from painful menstruation. Notwithstanding the disappearance of the inflammatory symptoms, Dr. Peter caused the patient to remain eight days longer in bed, as he was convinced that rest was indispensable for a complete recovery, and that premature movements communicated to the internal genital organs, when congested, might cause a recurrence of the inflammation.

Thus, in this case, local and physiological congestion had passed into inflammation, which, in turn, threatened to extend from the utero-ovarian peritoneum to the whole peritoneal tract. Dr. Peter lays stress on the uselessness of the blister and the effectiveness of the scarificator, and remarks that if he did not use depletion immediately, it was because in France, and especially in Paris, medical men are prevented from doing so by a fashionable prejudice which he calls "the spectre of anæmia." Through a wild terror of this spectre," he says, "we allow inflammation to go on and become formidable, for want of abstracting a few drops of blood; and certainly, in this case, few physicians would have consented to an application of the scarificator at the beginning of the disease, and the same would have been accepted only, perhaps, when the increasing gravity of the symptoms would have called for urgent measures." Besides the efficacy of the blood-letting, Dr. Peter called attention, in connection with this case, to other points which should also be mentioned, namely, the diagnostic value of pain in the lower part of the back, and the advisability, for diagnostic purposes, of exploring the abdomen with only one finger. "In uterine affections, especially," he said, "we can thus localize the evil with the greatest precision, and in cases of puerperal affection it is of the highest importance to do so, for it is then necessary to make out whether the uterus and its appendages are the primary seat of the mischief, whether the pelvic peritoneum is involved in consequence, whether itself alone or the whole peritoneum is involved; and upon this important diagnosis, which can be made with only one finger, depend both prognosis and treatment."

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The Report of the Pennsylvania State Hospital for the Insane, Danville, Pa., indicates that institution in a flourishing condition. During the year previous to September, 1874, there was an average of 238 patients, somewhat overtaxing the capacities of the building.

——The "Physician's Monitor," for 1874, contains a variety of information, principally commercial, of interest to physicians and dealers. Published by W. A. Townsend, New York.

——The 19th Annual Report upon the Births, Marriages and Deaths, in the city of Providence, in 1873, appears under the efficient superintendence of Dr. Edwin M. Snow.

——We also acknowledge:—

Fractures of the Patella, pp. 8; by R. E. Beach, M.D.

Palato-plasty; by David Prince, M.D.

Annual Report of the Academy of Natural Sciences, Philadelphia.

Annual Report of the Pennsylvania Institution for the Instruction of the Blind.

BOOK NOTICES.

Transactions of the American Otological Society. 8vo. pp. 135. With Preface and Index to vol. I. 1868–1874. Boston: James Campbell. 1875.

It would seem as if there was to be a change also in colors in Medical Periodicals, as we have a change in representatives in Congress, the gray being adopted in New England instead of the blue. The Boston *Medical and Surgical Journal* donned the gray in the New Year, and we find the Otological following their example. Pleasantry aside, we are glad to see the volume of the Transactions completed, and always wel-

come the advent of each number, and we hope the society will long flourish and bring forth fruit to the credit of otology in the United States. It may be well for a veteran in this department to state, in passing, that it is not a very remunerative department of medical practice, except to the quack, but its study involves a great variety of scientific topics, and is of much interest to a true philosophic mind. The meeting, in point of numbers, was smaller than usual; only twelve members present. There were two new members elected, and one resignation. The Vice President, Dr. C. J. Blake, of Boston, acted as President. The former officers were re-elected. Dr. Burnett, of Philadelphia, and Blake, of Boston, presented a very satisfactory report on "The Progress of Otology," being divided into three parts. 1. Anatomy and Physiology, by Dr. Burnett. This is a careful report on the scientific progress, and a large amount of attention is given to the subject of the relation existing between the semicircular canals and the equilibrium of the body, and their functions in the labyrinth, and their importance in hearing. Pathology and Therapeutics of the Ear, by Dr. Blake. Book reviews and notices, by each member. As our space is limited, we shall devote it chiefly to pathology and therapeutics, which are always the most acceptable to the busy physician. "Dr. Phillimore, in a series of remarks upon the occurrence of hœmatoma, observes that he has never found this disease unaccompanied by disease of the brain or its membranes, and furthermore, with regard to its location in the auricle, that in none of the cases under his observation has the tumor included the posterior surface of the pinna or the lobule." p. 490.

We differ in opinion from the gentleman, and in our investigations and observations there has been in almost every instance violence, which has been the producing cause, and not simply the brain disease. Drs. Yeats and Needham* have reported cases to show that even when co-existing with pronounced insanity, it is not so unfavorable a symptom as had been supposed. Dr. Farquharson, of Rugby, has observed a similar condition of the auricle, in boys, after football. At p. 492 is reported, at length, a rare and interesting case of pneumatocele cranii, by Professor Wernher, of Giessen, in a man of twenty years; following an attack of sneezing, a tumor about the size of a pigeon's egg appeared behind the right ear, upon the upper portion of the mastoid process; this gradually enlarged until it presented an enormous swelling. The treatment consisted in the continued application of an elastic bandage, which so far diminished the tumor, that a further examination of the underlying bone could be made, and this examination revealed an opening in the superior portion of the mastoid, through which air made its way from the middle ear. The active treatment was directed to the closure of this opening, which was done by including by pressure this portion of the tumor and injecting iodine. Other portions were subsequently treated in the same way, and twenty-five days later the patient was discharged with the tumor entirely gone and the integument everywhere in close contact with the cranium. Very little pain or irritation followed the use of the iodine.

Dr. J. Orne Green reports* a similar case to the above, and from the same authority. The patient in this report is stated to be a young woman, aged twenty, and recovered under the same treatment.

Wernher closes his article with a review of eleven cases of the disease already described.

Z. Taufal published an extended report of thirteen cases of traumatic injury of the membrana tympani, and the majority of them were found in the anterior half; this agrees with the observations of Dr. Shaw, of Boston, and Prof. Gruber, of Vienna. In this article Dr. Lea Bail is referred to, and we cannot close without giving his conclusions from his valuable monograph on the semeiological value of traumatic otorrhagia and serum from the ear (always considered a fatal symptom in old times).

1. "That a discharge of blood from the ear, after an injury of the head, is characteristic of no one disease, and is, in itself, absolutely of no diagnostic value.

2. "Such a discharge is common to several lesions of the ear, arising from different causes viz:—

a. Wounds of the external auditory canal, which frequently result from injury to the face or lower jaw; in these cases, the history of the injury, the condition of the inferior maxillary articulation, the condition of the membrana tympani and the tympanic cavity serve to guide the surgeon to an accurate diagnosis.

* *British Medical Journal*, July and August, 1873.

* *Boston Medical and Surgical Journal*, p. 489, Nov. 19th, 1874.

b. Injuries of the membrana tympani and the mucous membrane of the tympanum, which frequently accompany injuries of the head, and may be the result of either direct or indirect violence; in these cases the progress of the symptoms enables us to decide on the seat of injury. An injury of the drum-membrane or tympanum does not cause the serious train of symptoms which a fracture of the petrous bone does.

c. Fracture of the petrous bone, in which the duration, intermittence and repetition of the bleeding are of great diagnostic value in distinguishing the injury from a simple laceration of the middle ear, for in the latter case the bleeding soon ceases, and does not return.

In this, the second review of Dr. Roosa's Treatise on Diseases of the Ear, at p. 526, second and third paragraph, Dr. Blake makes the following just criticism. "Under the head of the nasal douche the author expresses his views against its use, since he has found it to be sometimes a troublesome and dangerous appliance."

"This surely will be the case if the instrument is improperly used; but if the fluid injected into the nares *be warm, if the vessel containing the fluid be not higher than the patient's forehead, and if after using the douche the patient do not leave his room for at least fifteen minutes, we have yet to hear of any accident such as Dr. Roosa depicts.*" The italics are Dr. Blake's. Then follows a number of interesting papers by various members of the society.

Dr. Oren D. Pomeroy reports nine cases of Tenotomy of the Tensor Tympani Muscle (not tendon), done posteriorly to the malleus handle, by Gruber's instrument, and that Prof. Gruber's statement has been verified by the cases under consideration. In several of the tenotomies it appears to him that they could not have been done at all had the old method been attempted; this we have not found as yet, for even when the membrane was actually invisible in front of the processus brevis, owing to the very narrow meatus, knowing its position, we have operated without sight, and succeeded in cutting the tendon by Weber-Liel's instrument, which is much smaller and more delicate than Prof. Gruber's.

Dr. Pomeroy states that in *two or more* (the italics are ours) it was impossible to determine whether or not the tendon was divided. In the first case the "tinnitus diminished about one half." Second case. "Tinnitus was a little worse after the operation." Third case. "Tinnitus disappeared wholly, and has not returned." Fourth case. "Tinnitus much diminished." Fifth case. Tinnitus somewhat diminished. "In attempting the incision, the pointed instrument struck a portion of the membrane exactly behind the short process, and refused to enter, apparently touching a hard substance, probably the malleo-incudal articulation." Sixth case, "A somewhat violent suppuration resulted from the attempt to puncture, with bleeding, from the division of the artery which supplies the muscle; no good results followed. Seventh case. "Four days after tinnitus nearly gone; hearing distance as before. In this case employed tenotomy by Dr. Green's instrument, and the conclusions he arrived at in regard to the modification, that its rounded end made it necessary to puncture the membrane with a needle as a preliminary step in the operation, and if used alone, would require a little extra force (a dangerous thing to use), and its superior delicacy of construction offered real advantages." Eighth case. "There was considerable hemorrhage, and the operation was somewhat painful. Not benefited." Ninth case. The tinnitus is somewhat relieved." It will be interesting in this connection to state that Weber-Liel* gives, in the *Berliner Klinische Wochenschrift*, for September 21st, the results of his further experience of the operation. "He says that he is convinced that many cases of progressive deafness, accompanied by tinnitus, are only to be benefited by this tenotomy, but warns the surgeon that it is not to be looked upon as a remedy against certain diseased processes, but against certain conditions common to different forms of ear affection, viz., increased tympanic tension and heightened intralabyrinthine pressure. From two hundred and twenty-five operations he concludes that tenotomy of the tensor tympani may, where every other means has been found useless, relieve vertigo, abolish or greatly reduce tinnitus, and improve the power of hearing; but relapses in old standing cases are not uncommon, on account of the other secondary changes which have occurred in the middle or internal ears. Where the operation was looked upon merely as a step to further treatment of the tube and cavity, the relapses were much more seldom, and it is in this light that Weber-Liel wishes it to be considered." L. T.

* *London Medical Record*, December 12th, 1874.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, FEB. 13, 1875.

D. G. BRINTON, M.D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

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TRANSMISSION BY DESCENT.

The theory of Evolution, including, of course, the evolutional psychology which has been rapidly gaining favor of late, is based upon the laws of hereditary transmission. The investigations of PROSPER LUCAS necessarily preceded the generalizations of CHARLES DARWIN. The latter stand or fall with the former. No branch of science, therefore, is just now the cynosure of so much interest as this relation of ancestry to posterity.

A singular discovery has recently been added to our knowledge of the subject by that indefatigable physiologist, Dr. C. E. BROWN-SEQUARD. Somebody, we forget whom, tried to throw ridicule on the laws of transmission, by assuming that a one-legged man ought, in accordance with these laws, to procreate one-legged children. It was, in the views of this objector, a sort of *reductio ad absurdum* of the whole theory. But now comes Dr. BROWN-SEQUARD, and though he does not say quite, that the one-legged family is to be expected, he does demonstrate, by a series of conclusive experiments on his favorite animals, guinea pigs, that injuries to the parents result in the production of children with analogous lesions, even to the extent that a young pig is born without toes, of parents whose toes had been removed artificially! Here are some of his conclusions concerning the hereditary transmission to many animals of morbid states caused in one or other of their parents by some injury to the nervous system:—

A change in the shape of the ear in animals born of parents in which such a change was the effect of a division of the cervical sympathetic nerve.

Partial closure of the eyelids in animals born of parents in which that state of the eyelids had been caused either by the section of the cervical sympathetic nerve or the removal of the superior cervical ganglion.

Exophthalmia in animals born of parents in which an injury to the restiform body had produced that protrusion of the eyeball.

Hematoma and dry gangrene of the ears in animals born of parents in which these ear-alterations had been caused by an injury to the restiform body near the nib of the calamus.

Absence of two toes out of the three of the hind leg, and sometimes of the three, in animals whose parents had eaten up their hind-leg toes, which had become anæsthetic from a section of the sciatic nerve alone, or of that nerve and also of the crural.

Appearance of various morbid states of the skin and hair of the neck and face in animals born of parents having had similar alterations in the same parts, as effects of an injury to the sciatic nerve.

In reference to these last cases, he states that we must conclude that the sciatic nerve in the congenitally toeless animal has inherited the power of passing through all the different morbid states which have occurred in one of its parents in the central end of the sciatic nerve from the time of the division till after its reunion with the peripheric end. It is not, therefore, simply the power of performing an action which is inherited, but the power of performing the whole of a series of actions, and in a certain order.

In almost all, if not in all, the cases of hereditary transmission, most likely what is transmitted is the morbid state of the nervous system. There is, therefore, an inheritance, not only of an aptitude of being seized with convulsions, etc., but of the whole nervous affection of the father or mother in all its features, from beginning to end, and in the same order.

This is certainly wonderful, and when we reflect how closely the moral is tied with the nervous system, how can we be surprised at the tendency to recurrence of nervous diseases, and those nervous states which imperiously demand stimulants or narcotics?

A remarkable example of a hereditary tendency to crime was recently read to the Charities Aid Association of New York City, by Dr. Harris. His attention having been called to a county in New York in which the proportion of crime and poverty to the entire population was extraordinarily great, there being about one criminal or pauper to every ten inhabitants, he set about investigating the cause of this state of affairs. He found that seventy years ago a child having no other name than Margaret was a vagrant about the locality. There was no almshouse, and the girl lived on the gifts of her neighbors, never being educated and never having a home. She gave birth to children, who became paupers like herself, and at the present time nine hundred descendants of the friendless woman can be traced. Of this progeny, two hundred are recorded as criminals, and a large number as idiots, lunatics and drunkards. In one generation there were twenty children, three of whom died young. Of the others, nine were sent to States prisons for aggregate terms of fifty years, and the rest were constant inmates of penitentiaries, jails and almshouses.

This criminal and pauper record is ascribed to hereditary disposition, but of course there were other and casual circumstances to aid it.

Looking at it as a physiological question, it would appear pretty clear that man is much less subject to the laws of physical change than are many of the lower animals. It is a noteworthy fact that the most expert archæologists believe that the very earliest race of men of whom we find relics in Western Europe, that race which lived in the pre-glacial epoch, when hippopotami bathed in the Scottish friths and lochs, and elephants roamed over Ben Lomond, belonged to the same race and lineage, and were just as skilled in the arts of peace and war as the Eskimo of Arctic America, who are their descendants. No delving in drifts and cave floors, no sifting of kitchen-middens and lacustrian silts, has come upon signs of man when he was not a fire-using, a tool-making, a clothes-wearing, a cooking, social animal, infinitely far, therefore, above the expertest of the anthropoids about him. Millions of years, if we concede him such antiquity, have not materially changed him.

Notes and Comments.

Therapeutic Notes.

ICE IN DIPHTHERIA.

This is no novelty in therapeutics, but it has lately been urged with new vigor by Dr. Meyer, in the *Jahrbuch für Kinder Krankheiten*. Even in children under one year he directs small pieces of ice to be put frequently into the mouth, followed, if possible, every minute or two by a teaspoonful of iced water. The ice must be pure, and therefore all artificially prepared is best. In severe cases the external use of cold, by means of an ice-bag applied round the throat, is very useful. The author has found that by this mode of treatment the fever soon diminishes, and the diphtheritic membrane is detached and expectorated. It is only in exceptional cases that the disease extends nevertheless to the larynx.

THE ARTICHOKE IN RHEUMATISM.

Dr. Copeman, in the *British Medical Journal*, recommends a tincture of the leaves of the artichoke, *cynara*, gathered while they are full of juice, just before the top of the vegetable is fit for food.

He says that in his experience no other medicine has appeared to be so efficacious in rheumatism as cynara, whether in the acute or the chronic stage. Dr. Copeman usually administers it in the following form:—

℞.	Potassa bicarb.,	ʒj
	Aquæ camph. ad.,	ʒviij
	Tincture cynaræ,	ʒj
	Syrupi papaveris alb.,	ʒss. M.

Two tablespoonfuls to be taken every four hours, with as much of the extract of cynara as would make two moderately sized pills. Lemonade is given to quench the thirst.

CHLORAL SUBCUTANEOUSLY IN ASTHMA.

The hypodermic injection of three grains of chloral, dissolved in twenty minims of water, will relieve in ten minutes a violent asthmatic spasm, according to Surgeon Major Baillie, R.N.

IODIDE OF POTASSIUM IN DIPHTHERIA.

A writer in the *British Medical Journal* says: In diphtheria, iodide of potassium is looked upon by many practitioners as the best remedy we possess. Here its alterative and sedative actions are laid aside, and we have it doing duty as an antidote to the diphtheritic poison; although, so far as can be seen, it exercises no new influence.

The Leprosy of the Bible.

In Cassell's "Bible Educator," for January, writing on the leprosy of Scripture, Dr. Greenhill is of opinion that the disease was "multiform and changeful," modified by various complications, and comprising several species more or less distinct; that some of these varieties were contagious, and others non-contagious, and that all the contagious species rendered the patients ceremonially unclean; that it was not a special or miraculous disease, existing only in those times and countries, but an ordinary malady, used occasionally by God for miraculous purposes; that it was not incurable by human means, though troublesome and obstinate; that it was not hereditary, though a disease of common occurrence among the Jews; that it was not the same as elephantiasis, though it is possible that this disease may occasionally have been complicated with it; that there is no evidence that any case of elephantiasis is mentioned under the name of leprosy, in any part of Holy Scripture; and that if the disease known as elephantiasis occurs at all in the Bible, it is probably in the case of Job.

On the Juice of the Carica Papaya.

This is a tropical growth, of the family of Cucurbitaceæ, reaching a height of fifteen feet, indigenous in India. The bark and fruit yield a milky juice when cut. This juice has a curious use. The natives sprinkle it on tough meat, which it renders comparatively tender and improved in flavor. Yet it has no dissolvent nor caustic effect when applied to the tongue. It seems a sort of vegetable pepsin, but acts much more promptly and energetically. A series of experiments on its action is detailed by Dr. G. C. Roy, in the *Journal de Medicine de Brusselles*, September, 1874, the continuation of which we shall look for with interest.

Bills Sent.

We enclosed last week quite a number of *Bills* to subscribers who are in arrears. We earnestly ask all who receive them to respond promptly. The expenses of conducting our publications are heavy, and must be paid in cash. Hence, our request for *payment in advance* is not unfair.

—We are requested by Professor Gross to state that the lithographic portrait to which reference was made in the Reporter, —— is considered by him unlike, and hence its sale has been stopped.

Correspondence.

FOREIGN.

Vienna, Austria, December 25th, 1874.

Ed. Med. and Surg. Reporter:—

Having had nothing of special interest to call our attention from the every day routine of student life, we had become wholly absorbed until the announcement of the Christmas holidays reminded us of having neglected our friends at home.

The clinics have been well attended, and the several teachers have done their best to make the abundant variety of material interesting to us all, and there has been but one uniform expression of satisfaction. Prof. Billroth has lectured and held his clinics regularly, but we have not noted anything unusual in the way of capital operations, as at the commencement of the semester. In a case of *phosphorus necrosis* of the lower jaw, he successfully removed, from within the buccal cavity, the entire inferior maxilla (with condyles) as a sequestrum. On account of the great size of the diseased portion of bone, it was divided at the symphysis, and each half extracted separately. The involucrum was composed of the new formed lower jaw. Two cases of *ge'nu valgus* were interesting on account of the method of treatment, which was as follows: He makes an incision on the outer side of the limb, through the tissues, and into this opening he introduces a chisel, and with the aid of a mallet fractures the tibia near its head. He then straightens the limb and places it in an immovable (plaster of Paris) apparatus. Of course, in such cases, he does not remove the deformity in the joint, but only straightens the limb. In others he accomplishes the same result by sawing through, instead of fracturing the bone. He says in such cases, we generally find the inner condyle of the femur hypertrophied, and the outer one atrophied, by pressure of the head of tibia, and he thinks that after the limb is restored to its normal axis, the enlarged inner condyle of the femur probably becomes smaller by the new pressure, as caused by the head of the tibia.

In the above cases, where the cure could be called complete, the result was so perfect, that a casual observer would never suspect a previously existing deformity. He therefore recommends the operation which he has performed a number of times, having lost but one case, and that being through septicæmia.

In *pes-equinus*, his treatment is as follows:—After making tenotomy of the tendo-achilles, he employs an apparatus which is applied at night, composed of a wooden foot-piece and two lateral steel splints, fastened to the limb in the usual way, by padded straps. The *flexion* of the foot is kept up by means of two rubber bands fastened (near the knee) to each end of the lateral splints, and descending over the anterior surface of the limb, they cross and are fastened to the corners of the foot piece (near the toes). During the day the patient is compelled to wear a shoe, the sides of which are fastened to and continuous with the lateral splints, which, by means of hinges, are so arranged as to allow of *flexion* only.

The aural department, under Professors Gruber and Politzer, with their experienced assistant, Dr. Bing, comprises one of the finest in the world, and the wards, with the daily clinic, furnish an abundant material, with an unusual variety of interesting cases, and here the enthusiastic student of otology can enjoy the feast of cases that each chair presents daily. Professor Gruber has two commodious wards, one for males and the other for females, each room accommodating about twenty persons, amongst whom are the critical cases, that is, those who require special care and treatment from the assistant, and constant attention from the nurses. Adjoining the male ward is the private class room, in which the Professor keeps his collection of anatomical and pathological specimens, from which he gives us some of his most instructive as well as entertaining lectures. Suitable cases are thoroughly examined and selected from among the out-door patients, and these are seated in a row of numbered seats, where they can be examined in succession.

Corresponding to these numbers, are others which mark the diagnoses, which are written upon a large blackboard, and accompanying each diagnosis, is a picture, in colored crayon, of the parts under consideration. After the class has examined all the cases, and, as it were, compared notes with the blackboard, the Professor minutely describes each particular case, giving both its history and pathology. The daily lectures occupy nearly two hours, one-third of the time being devoted to theory and the remainder to practice or demonstration. The first course has just ended, and besides being thorough was decidedly satisfactory to our large class, which was one of the many in attendance every six weeks. The closing lectures were particularly interesting, especially those giving an account of the rarer forms of ear disease, as othœmatoma, aspergillus, etc., diseases of the labyrinth and semicircular canals; and, on account of their novelty, the devices for "keeping open" perforations of the membrana tympani, artificial membranes (including the form used by Professor G., who does not claim for them the boasted power of improving the hearing, but as a protection to the deeper seated structures), and the different instruments to assist the hearing, which, as you may imagine, comprehended the inventive genius of the world. The anatomy of the external, middle and internal ear, not only macroscopic but also microscopic, was taken up and treated of at length and profusely illustrated by preparations of all kinds.

In answer to the question, how does he teach pathology? We will take the membrana tympani for example. After studying the normal membrane, its topography and

the conditions which give it a neutral gray, opaline, or as Gruber calls it, "combination color," the student is shown a series of cases illustrative of various diseased membranes. Simple injection of the blood-vessels in the neighborhood of the hammer (malleus) and at its periphery (hyperæmia), general inflammation (myringitis), with its characteristic appearances and color; local inflammation, exudation and suppuration between the layers of the membrane (inter-lamellar abscess); perforations of various sizes, traumatic and inflammatory, showing various degrees of destruction, even to necrosis of the handle of the malleus (otitis media acuta, suppurativa); polypi springing from the membrane proper or from the tympanal mucous membrane and sprouting through a perforation; these growths are generally caused by otitis media chronica; formation of connective tissue in its substance, with deposits of fat or calcareous matter, the last named deposits found in patients of a gouty or rheumatic diathesis, or in the tertiary stage of syphilis (otitis media hypertrophica); abnormal contour of membrane caused primarily by lesions in the throat, eustachian tube or tympanum, and secondarily by contraction of the tensor tympani, dislocations of the ossicles, cicatrices with adhesions, etc., (otitis media adhesiva); fungoid growths, such as aspergillus, first called by Voltolini (otitis parasitica); foreign bodies, for example, a bean which had been forced into the tympanum; congenital atresia of the external auditory canal, and after scarlatina, with congenital malformation of the auricle.

This is but a hasty resume of the material *for one day's lesson*, and with such, you will agree with us, that we have not over estimated this department. Add to this the agreeable style, and at the same time precise manner of Prof. Gruber, and it is little wonder that his students, who are scattered all over the world, can but recollect him with pleasure, and his teachings with satisfaction. As regards the limited surgery of the ear, he is conservative, but we can testify concerning the excellent results in many cases which we had the opportunity of watching from day to day. For periostitis of any portion of the temporal bone, from whatever cause, whether idiopathic, syphilitic or complicated with disease of the middle ear or mastoid cells, he recommends an antiphlogistic treatment, counter-irritants and fomentations. If the tympanum is not involved, he suspects it, and makes a point of keeping the parts clean and frequently inspecting the membrana tympani, and if there be discharge from the middle ear, of keeping the meatus free and giving the discharge every possible means of escape, assisting it at times with the air balloon and catheter, or extracting it from within the cavity of the tympanum with a new syringe which he has invented for the purpose (*Monatsschrift für Ohrenheilkunde* No. 12).

As soon, however, as the discharge ceases and he is sure that pus is collecting in the mastoid cells, and there are symptoms of caries, he does not hesitate, but recommends as well as performs the operation of perforating the mastoid process, not with a trephine, but prefers, on account of the small and valve-like opening which it makes, a simple blunt-pointed probe (as first used in the United States by my father*). For the more frequent affection, post-aural periostitis, Wilde's incision is to be made; this is a longitudinal cut, of one to one and a half inches in length, over the mastoid process, down to the bone, being careful, through palpation, not to divide the posterior auricular artery. This accident, besides being dangerous, we have known to have caused the formation of a false aneurism, with its train of annoying symptoms. For the removal of fungoid growths, especially aspergillus, the ear is to be syringed with warm water every two hours, with instillations of spiritus vini rectificatissimi, once a day, and protection for the parts.

In poulticing the ear, as for abscess (furuncle) in the meatus, he lays great stress upon the necessity of making a cone of linen to contain the substances that are used, for they must not come in contact with the membrana tympani. He condemns the indiscriminate instillations of all essential oils and glycerine, on account of its souring. In eczema of the external ear in children, or in women, especially that form so often seen accompanying irregular menstruation, or about the time of the menopause, he uses unguentum glycerinæ for children, and for adults adds five grains of zinci sulph. to the ounce. The salve is not only to be rubbed in, but in every case spread on lint and kept applied for several days, and at the end of that time the parts are not to be washed, but dried, and dusted with amylum, or any toilet powder. For the chronic form use

℞. Amyli puri, ℥iv.
Pulv. iridis florent.
Alum. pulvis, āā. ℥ij. M.

until the new epidermis is fully formed. Where there is great thickening due to chronic infiltration of the part with very little transudation of

* A Clinical Manual of the Diseases of the Ear, pages 192, 193. By L. Turnbull, M. D. Philadelphia, J. B. Lippincott & Co.

At page 78. "The Surgical Diseases of the Ear." By Prof. Von Tröltsch, translated from the German by James Hinton, Aural Surgeon to Guy's Hospital, new Sydenham Society, of London (1874), occurs the following note in reference to the date of the operation for perforation of the mastoid process:—

"Particulars of the history of this operation, and eight such cases, are reported in *Virchow's Archiv*, B. XXI, p. 295, by the author. Turnbull (L.) has since reported a similar case (THE MEDICAL AND SURGICAL REPORTS (should be REPORTER), of Philadelphia, 1862, February 15th, p. 22). Dr. Pagenstecher, three cases in Elberfeld, in *Archiv für Klinische Chirurgie*, B. IV, Heft 2, p. 525-529, and 533. Schwartze another in his *Prakt. Beiträge zur Ohrenheilkunde*, p. 37. A case further reported by Mayer, of Hagenau, in *Archiv für Ohrenheilkunde*, I, p. 226; and also Prof. v. Bruns, to whom I am indebted for a verbal account, has twice, in caries of the petrous bone, enlarged a narrow fistulous opening into the mastoid process, by means of the trephine. See also *Medico-Chirurgical, Transactions*, Vol. II, 1868, a case reported by J. Hinton, ending in almost complete recovery of hearing."

serum, the case being peculiarly obstinate, it is well to excite reaction by rubbing on a little sapon. viridis (a soap containing a large quantity of potash), then applying ung. diachyli,

℞. Emplastri diachyl. liquef.,
Olei. lini coct., āā. ℥ij.
Olei. lavendulæ, gtts.vj. M.

spread on pieces of linen, being careful to keep it *well in contact* with the parts day and night, until the new epidermis is fully formed. For chronic eczema and its sequelæ, vesicants behind the ear over the mastoid process; when there is pain in the ear from inflammation of the external auditory canal, or myringitis, etc., the following ointment is to be spread upon a pledget of lint and introduced into the meatus at night:—

℞. Ung. emoll,
Plumb. carb., āā. ℥j
Morph. sulph., grs. iij. M.

Very truly yours,

CHAS. S. TURNBULL, M. D.

NEWS AND MISCELLANY.

Schuylkill Co., Pa., Medical Society.

At a regular stated meeting of this Society, held at Pottsville, Jan. 6, the following officers were elected:—

President, Dr. G. K. McKibben, Ashland.

Vice President, Dr. A. P. Carr, St. Clair.

Treasurer, Dr. W. H. Senderling, Port Carbon.

Secretary, Dr. R. S. Chrisman, Pottsville.

Corresponding Secretary, Dr. J. J. Yocum, Ashland.

Censor, Dr. W. R. Owens, Ashland.

Doctress Mary A. Swayze was elected a member.

Medical Legislation.

In the Senate of New Jersey, Jan. 30th, a bill was introduced providing for the establishment of a Board of Health, to consist of ten persons, to be appointed by the Governor, who shall act without remuneration, shall investigate the causes of all diseases among men and animals, and report annually to the Governor.

In Tennessee a bill is before the State Senate, providing for the establishment of a State Board of Physicians, to issue licenses to all the physicians practicing in the State. It provides for the establishment in each grand division of the State, of a board of regular physicians, who shall have authority to meet annually at Knoxville, Nashville and Memphis, to grant licenses to physicians and fix the fees therefor, when the same are not already fixed by law; to prescribe a course of reading for those studying medicine under private instruction; to grant licenses to practice particular branches of medicine or to treat particular diseases, and to grant licenses to apothecaries. The bill also provides that physicians who practice medicine or surgery, for fee or reward, in violation of this act, shall be liable to an indictment and fine of five hundred dollars for the first offence, and imprisonment not to exceed three months for the second offence.

Notice.

To obviate possible misapprehension, we desire to state that the advertisement in a Wilkesbarre paper which we stigmatized as "discreditable" (current volume, p. 58), had no reference to the Baltimore Eye and Ear Institute, of which Dr. J. J. Chisholm is attending physician.

Personal.

—It gives us pleasure to announce that Dr. Ralph N. Townsend, long a reporter of clinical lectures to this Journal, who visited Europe for his health this winter, is much improved.

—Dr. W. H. Gilmore fell upon the pavement of Thirty-fifth street, in New York, Sunday, January 24th, and accidentally drove the point of his umbrella in his eye. He died of the injury on Thursday night following.

—The wisdom of selecting medical men for coroners, has been again shown by the excellent manner in which Dr. Goddard, Coroner of this city, has been conducting the duties of that office since he entered upon it. His selection of medical assistants has been most judicious, and secures to the public the utmost protection.

Items.

—The Northern Medical Association will meet at the Hall of the Northern Dispensary, Friday, 12th instant.

Dr. S. D. Risley will read a paper on the Anomalies of Refraction, and exhibit a new instrument for their determination.

The medical profession of the city are invited.

—The grand jury have presented the Insane Department of the Philadelphia Alms-house as a disgrace to the city. It accommodates 500 patients, and actually has 1005!

—Twenty patients perished by the burning of the Beaufort Female Lunatic Asylum, near Quebec, in January. Only two of the bodies have yet been found.

—A drug clerk in this city took 20 drops of tincture of aconite, for a cold. He died in an hour and a half.

QUERIES AND REPLIES.

Nervous Paresis.

M. D. reports a case of a temperate widower, age 45, who has constant headache, tinnitus aurium, failing mental power and sexual desire, with increasing muscular debility. It seems a case of progressive disease of the nervous centres.

Dr. Aleph, of Ills.—The *Catholicon* was a secret remedy. Nysten's *Dictionaire de Médecine* states that it was composed of rhubarb, senna, and various carminatives.

Dr. R. C. D., of Pa.—For Dr. Black's treatment of seminal emissions, see the HALF-YEARLY COMPENDIUM, January, 1872, p. 275.

Dr. F. J. inquires the therapeutical properties of *Cosmoline*. Answers requested.

THE

MEDICAL AND SURGICAL REPORTER.

No. 933.] PHILADELPHIA, FEB. 20, 1875. [Vol. XXXII.—No. 8.

Original Department.

Lecture.

CLINICAL LECTURE.

Delivered in Bellevue Hospital Medical College,

BY PROF. LEWIS A. SAYRE.

Phonographically Reported by Dr. Wm. A. George.

Recovery from Exsection of Hip-Joint; Morbus Coxarius; Diastasis of Head of Femur; Equino-Varus; Diphtheria followed by Paralysis of Lower Extremities.

Gentlemen:—It was my intention to make an exsection of the hip-joint before you to-day, but as the father of the child cannot be present, we will have to postpone the operation until next Wednesday; however, as there are several cases here in which recovery has taken place after exsection, I will show them to you.

Case 1. Melinda Morpie, now 14 years of age. The following is an extract from her history, taken from my case book:—

"February 12, 1872. Always rather delicate, but active. Fell down a stoop of ten steps, six years ago. Had a slight lameness for very nearly a year afterward. Mother states the child waddled a little in walking. She then grew much worse, and a lump came upon the outside of the left thigh, which was opened by Dr. Burke, of East Broadway, New York; discharged a very large quantity of pus, and has continued to discharge until the present time, about five years. No means of extension has been applied to prevent the distortion from muscular contraction, and her present condition is as seen in the photograph. The limb is considerably adducted, flexed and fixed, with several sinuses discharging pus, and through which the probe readily leads to dead bone. There is extreme emaciation."

The exsection was performed at Bellevue Hospital, February 12, 1872. The acetabulum was found to be perforated; the head and a portion of the neck of the femur were absorbed. The femur was sawn off just above the trochanter minor. She was dressed in the wire cuirass for two months, afterward wore the long splint for nearly a year, and now presents herself before you, as you see, with a limb only half an inch shorter than the other, and with the motions perfect and complete; bears her entire weight upon the operated limb, and, as you observe, would pass through a crowd without being specially noticed.

Case 2. Martin Ward. This little fellow you see before you, now ten years old, a specimen of robust health, with ruddy cheeks and well developed muscle, is a boy upon whom I performed exsection in Bellevue Hospital, on the 22d of January, 1873. At that time he was reduced to the lowest degree of vitality, in fact, was almost in articulo mortis, and the operation was consented to by his friends and physician because death seemed inevitable.

The history of the case, as I find by referring to my note-book, was that in April, 1871, he was thrown down by another child; two weeks later he limped, "as if he had a nail in his foot." The limping became worse and worse, but he had very little pain. He was examined by a dispensary physician; no great pain being present, no diagnosis was made. He was then taken to Dr. Rodenstein, of Manhattanville, who thought it to be hip-disease, and sent him to the Hospital in Forty-second street.

He remained there until March, 1872, seven months, and was then removed by the mother, who thought he was likely to die.

When brought to me, he was in the third stage of hip-disease, with a large swelling over the back part of the nates on the left side, which abscess opened in June, and had been discharging to the time of the operation, January, 1873.

In this case the head and neck of the femur were entirely destroyed by absorption. The end of the femur was sawn off by the trochanter minor, but finding that a carious condition extended further down the bone, another section of the femur, half an inch below the trochanter minor, was made, when we came to healthy bone. The acetabulum was perforated, a number of small pieces of dead bone being carefully chipped off, down to the attachment of the internal periosteum, and the child was dressed in the wire cuirass, as usual.

After some weeks he was put upon the long splint, which he wore for more than a year, but for the last eight months has used nothing, and, as you observe, runs with perfect freedom, having on his shoe a three-fourths of an inch lift to equalize the length of the limbs. The motions of his joint, as you perceive, are perfectly free and normal. The accompanying photographs illustrate the condition of the child at the two periods mentioned.

Case 3. Max Yahn, now in his thirteenth year. The interest in this case, gentlemen, is, it illustrates that in some cases, even when the disease has progressed to the third stage, under proper treatment, nature will sometimes repair the damage, and they may recover, even with a movable joint, without resorting to exsection. In fact, all cases should be permitted to recover without the operation, if possible. It is only when the disease is progressive, the carious destruction continuing in spite of judicious treatment, that the operation is justifiable.

This boy you now see was brought to me in November, 1873. He was of healthy parents and appeared to be well nourished, notwithstanding he had suffered for two years from the trouble, which was brought on by a severe fall while playing at school.

When he was brought to me, he was in the third stage of the disease, with the usual deformity, and a large abscess on the outer part of the thigh. This was freely opened and a short splint applied. [The father remarked:—"From the moment that extension was applied to the boy's limb he has not suffered any pain whatever, either day or night, when the extension was properly adjusted."] The plasters have been re-adjusted from time to time, and the boy has made steady and rapid progress towards recovery. The last time I saw him was in November, 1874, when the instrument was re-applied, and when he was so much improved that I prognosticated a perfect result.

We will now examine him and see his present condition. You will observe, gentlemen, that although his bandages are soiled very much, the adhesive plaster is in the exact position in which it was placed on the 10th of November last, nearly three months ago. You see the difference in the size of the limbs. This one on the right side is as well developed as any boy's. There is no more struma about him than about me. The disease is cured, as shown by the absence of pain on concussion and motion, but the leg, as yet, cannot be brought fully down to the table, so that the popliteal space will touch, without slightly tilting the pelvis, owing to the long contraction of the psoas magnus and iliacus internus muscles, and the rigidity of others, due to want of exercise. We, by concussion and compression, find that he is perfectly safe without the splint.

Ordinarily, when they have gone so far as the present case had done, anchylosis, even, would be considered a very favorable termination; but here, as you observe, we have quite good motion; rotation inward and outward almost perfect; abduction sufficiently wide for riding on horseback, and for all the practical purposes of life; flexion, as you see, very good, and when the limb is abducted, greatly increased. He will require the instrument no longer.

Case 4. Nellie Burke, of Chicago, now eight years old, was brought to me in April, 1874, by Dr. Burns, of Brooklyn. She had been ill with the disease since December, 1871, at which time she began to limp in her right leg, without any assignable cause. The limb was flexed at an angle of 45°, and no motion whatever in the joint until extension was made, when the motion was very slight, scarcely perceptible. Right thigh measured eleven inches in circumference, and the left twelve and three-fourths inches; the right limb twenty-one and seven-eighths inches in length, the left twenty-two and a half inches.

The long hip splint was applied, before the class, in Bellevue Hospital, May 6th, 1874, with complete relief of pain, and enabling the child to walk moderately well.

We will see now if she is able to dispense with the splint. This we ascertain by concussion and compression, which we use here and find pain, and consequently, the instrument is required a while longer, until all pain has departed.

Case 5. *Diastasis.* Mary Ann Lavan, aged five, brought to me in October, 1874, for morbus coxarius, but upon examination I found she was not suffering from hip disease, but had diastasis of the left femur. Three years previous, in June, the child was thrown down in the street by a large boy, and became immediately lame, with her limb shortened and foot everted, and walked on her toes. She was seen by several physicians, who all pronounced it, so the mother states, hip-disease.

In three months, with no treatment beyond salt water bathing, the child had recovered so there was no lameness excepting the limp from the shortening and outward rotation of the foot. There was no pain whatever.

Six months after this she got a severe hurt by falling down stairs. She was unable to walk without difficulty, and not improving under the old treatment this time, she was taken to the Forty-second Street Dispensary, where she was treated for hip disease. She was under treatment there on two occasions, the latter time remaining in the institution over twelve months, when she was removed from it on account of her failing health, and was brought to me, as before stated, in October, 1874, pale, emaciated and salivated.

Upon stripping her for examination, the limbs were found to be parallel. Putting her upon the floor, on her back, there was a very slight arch in the lumbar vertebra when the limbs were pressed completely down to the table, not more than in the natural pelvis. The left limb was seven-eighths of an inch shorter, measuring from the anterior spinous process, than its fellow. The trochanter major was above Nélaton's line.

This last test, gentlemen, is one of very great importance. It consists in drawing a line from the tuberosity of the ischium, running over the outer part of the thigh, to the anterior superior spinous process of the ilium. This line thus drawn passes directly over the top of the trochanter major in the normal condition of the parts, and is called "Nélaton's Test." If the neck of the femur be broken, or if there be dislocation of the head upon the dorsum of the ilium, the top of the trochanter will be above this line; if luxation in the foramen thyroideum, of course, it will be below the line. In the third stage of hip disease, where the head and neck of the femur are absorbed, the trochanter will be above this line, but, of course, in such case you will have all the other symptoms of hip disease.

In this instance, the trochanter being above the line, and the other evidences of hip disease being absent, led at once to the suspicion that there had been fracture of the femur, or what is equivalent to a fracture in a child, diastasis, and the history of the accident, obtained from the mother, confirmed the suspicion.

By extension the limb could be brought to the same length as the other; by compression upward the trochanter could be distinctly felt to ride up and down. A clear snapping sound was heard upon extension, and less marked snapping upon some motions of the joint. The gluteo-femoral crease was not characteristic of hip disease in any of its stages. On the external aspect of the thigh was an abscess, extra-capsular, probably the bursa over the trochanter major. The limb could not be fully abducted, on account of the contraction of the adductors and pectineus muscles; but point pressure upon the tense tendons when stretched did not produce reflex contractions, and I, therefore, decided that they could be stretched without being cut.

The long splint with abduction screw was applied, and the result is as you see before you. The abscess was opened, discharged a short time, and has now healed.

The object of the instrument in this case, gentlemen, is not to relieve her of hip disease, from which she has never suffered, but to prevent any further shortening of the limb, and retain it in position so that by motions of the end of the femur upon the dorsum of the ilium nature may throw out osteophytes sufficient to guard it, and, in that way make, in the course of time, a new joint, similar to this specimen which I now show you.

This was obtained from a case very similar in its history to the one now before you. The child had fallen; the deformity followed immediately after the fall, and for many years was treated for diseased hip-joint, and, at last, sent to me for exsection.

In that instance I divided the contracted fascia and tendons, restored the limbs to their proper positions, and by the use of a splint for some two years, the patient entirely recovered with a shortened limb, but a movable joint. He died some few years afterward, of another disease, and I was fortunate enough to obtain this specimen.

You observe this ilium with its irregularly contracted acetabulum changed in shape, and diminished in size for want of use. You see upon the upper and outer border a small articular facet, about the size of a marble, on which the head of the femur had been resting when the leg was distorted, previous to my division of the tendons, and restoring the limb parallel with the other. Above this point, upon the dorsum of the ilium, you observe this round, perfectly shaped acetabulum, the size of an orange, with an elevated border and firm crescentic edge, making a perfect shoulder or rest for the head of the bone, almost as perfect and complete in form as the natural acetabulum, and covered all over with this white polished ivory-like surface, which we call ebernation of the bone. The end of the femur fitted this cavity exactly, and was also tipped with the same ebernated or ivory-like bone, the two gliding upon each other with as much smoothness as a natural joint with a synovial membrane. There were no lining membrane or articular cartilages in this instance, but the two bones were held firmly together by a capsular ligament, which sprang from the sharp crescentic edge you here see.

The object in the present case is to keep the limb in the position described by means of the long splint, until nature has an opportunity to reproduce a similar result. When pressure upward can be made without any increased shortening of the limb, no further treatment is required. Of course, the limb is shorter than the other, but this defect is easily remedied by increasing the length of the heel of the shoe.

Case 6. The next case was one of equino-varus, upon which the professor performed his usual operation (see Medical and Surgical Reporter, Nov. 22d, 1874), and dismissed without comment, so many similar cases having been treated in the same way during the winter.

Case 7. C. F., æt. 16; sent to me by Dr. Dearborn, of Nashua, N. H. He had diphtheria when one year old, which was followed by total paralysis of the lower extremities.

As our time is brief, we will test these contracted muscles and fasciæ by point pressure. The tendines achillis do not give us spasm, and consequently they will not require section; the plantar fasciæ of the feet give us spasm when point pressure is made, and it would be utterly useless to apply extension, friction, electricity, etc., without making section of them.

The operation was performed, the boy dressed, and a letter read from Dr. John D. Myers, of Boonville, Mo., formerly of Virginia, giving the result in his son's case, where recovery had been complete, although the disease was in a much more aggravated form than in the case above referred to. The hour being up, the professor retired.

Communications.

POISONING BY STRYCHNINE.

BY F. HORNER, JR., M. D.,

Of Salem, Va.

During the late war, and subsequently, the use of strychnine as a nervine and tonic was resorted to, because of the cheapness of this alkaloid. The farmers use it to poison crows which infest the corn fields, and dogs which destroy their sheep, and rats and other household pests. It appears now to have taken the place of arsenic for purposes of this kind. It may very justly be termed a deadly poison. In a preparation sold to the public for destroying vermin, it has led to the death of several children, when administered accidentally for other substances. If used in medicine, much caution is necessary, because of its frequent fatal effects. The writer knew symptoms of poisoning to follow the use of simple solution of strychnine, given to relieve debility in case of hysteria, and in another instance in which elixir of strychnine and quinine was given by a physician without restriction as to time and effects. Two examples, followed by fatal results, the one a murder, and the other a suicide, have come within my knowledge.

Case 1. An old negro, who was regarded to be in the way of a white family, a member of which was eager to become possessed of certain landed property, had a drachm of strychnine administered to him, in a drink which he was told was domestic bitters. The guilty party, it was proved in the course of the legal investigation, which was held subsequently, had procured this

quantity of the drug at a neighboring country shop. The poison was given to the negro by a female of the house, about nightfall, and a few hours afterwards took effect with the following symptoms, resembling very much those of tetanus, viz: Trismus and spasmodic contraction of all the muscles, the whole body becoming as stiff as a board. The lower extremities were extended, and the soles of the feet concave; the skin livid; the eyeballs prominent; pupils dilated and insensible, and the patient laid unconscious for a time, and in a state of universal tetanus. Appropriate treatment was resorted to by a physician who was called in, and after the exacerbation of the first spasm, the sufferer was able to speak, and seemed to grow better and even hopeful of recovery. Unluckily doubt failed to suggest to his attendant the importance of taking the man's dying testimony, with a view to have punished the guilty parties, and though all the facts and circumstances which attended the illness and death of this patient, went to prove that he had been poisoned, the court found a verdict of acquittal against the suspected parties.

Case 2. This, a victim of self-destruction, was a young lawyer, of clever talents and of high social position. He was intemperate in his habits, and had been thwarted in a love affair. He was apparently in robust health, and had a fine appetite and florid complexion. Three days previous to his death he had selected pall bearers to bury him, ordered his coffin to be made by an undertaker, and deliberately announced to his numerous acquaintances whom he met on the street that he would die at a certain hour on the following Saturday, three days afterwards. He had not before given indications of mental aberration beyond the vagaries of a brain disordered by the abuse of ardent spirits, causing for a time incipient symptoms of mania-a-potu, and this was permitted, unluckily, to pass by without further notice. He returned home to his father's house on Friday evening, and went to bed in his usual health. During the night the family were roused from sleep by his groans, and sent for a physician, who found the patient convulsed by violent spasms, rigidity of the muscles of the arms and legs, the pharynx and diaphragm, and the jaws so rigid as to prevent the introduction of medicine. The patient died asphyxiated from the spasm of the chest in about an hour and a half, suffering the most excruciating torture.

No clue to the poison could be discovered about the person of the patient, or in his apartment, nor was he able to make any confession of the cause of death.

Neither of these patients survived the exacerbation of the fourth spasm.

Many of the profession may recall the circumstances of the death of the notorious State criminal, Gardner, in proof of the sudden and fatal effects of a comparatively small quantity of strychnine, which occurred in Washington City in 1857. The victim was tried for an attempt to defraud the Government out of certain valuable silver mines in New Mexico. On the day of his conviction of guilt by the court, and while returning to the District Jail, the prisoner was seen to put a powder in his mouth, which was afterwards proved to contain two grains of strychnine, and caused death in a few hours. Dr. Stone examined the stomach of the culprit, and found strychnine. At the time this case of strychnine poisoning elicited the attention of the faculty in Washington, then represented by the ablest of the profession, such as Drs. Thos. Miller and Hall.

The lessons to be learned by such examples as have been given above, are:—

1. That physicians cannot be too cautious and prompt in the management of cases where proofs of intemperate habits and poisoning exist, averting, if possible, by timely warning given to the friends of the party, or to the legal authorities.

2. To comply strictly with the rules of medical jurisprudence with reference to testimony elicited to exculpate or to criminate the parties concerned, and particularly to obtain the dying testimony of their patient, certified to in writing by two or more competent witnesses.

Hospital Reports.

PENNSYLVANIA HOSPITAL.

CLINIC OF PROF. J. M. DA COSTA.

CLINICAL ASPECT OF SOME DISEASES OF THE SPINAL CORD.

REPORTED BY F. WOODBURY, M.D.

Spinal Meningitis with Myelitis.

Gentlemen:—This case, now brought before you, is that of a very unfortunate man. His history is as follows:—

J. S., 25 years of age, married, and, when taken sick, was a bartender. Five years ago he contracted a chancre, which was followed by a

bubo. He had ulcers upon his left leg five weeks later, but he has never noticed any eruption upon his body. Two years subsequently he suffered for a week or ten days with violent neuralgic pains in his head; a cervical lymphatic gland then became indurated and afterwards suppurated. With these exceptions his general health has been good until six weeks ago, if we leave out of consideration occasional flying osteocopic pains. His hearing and eyesight have always been perfect.

About the first of December last he discovered that he was losing control of his bladder and rectum, and beginning to have involuntary evacuations. Two weeks later he noticed some disturbance of sensation in his right leg, with muscular twitchings; but this did not interfere with locomotion until another week had passed, when he found he could no longer walk without assistance; and the day before Christmas he observed that the left one was going through a similar train of symptoms to that pursued by the right. There was loss of sensation from the commencement of the trouble, but he states that he cannot recall whether, when he lost sensation in the right, he lost motion in the left at the same time or not, yet is quite certain that the paralysis was preceded by loss of sensation. During the latter days of December he could not move a muscle of his lower extremities, and he became perfectly helpless. All this took place without pain in the paralyzed parts or elsewhere.

He was admitted to the ward January 12th. He was then not emaciated; the tongue was slightly coated; his appetite was good. There was no impairment of muscular power in the arms, but complete abolition of voluntary motion existed in the lower limbs. Perception of deep pressure remained, to a slight degree, in both thighs, and was rather more marked in the right. No sensation whatever was present in either leg below the knee. The penis was in a state of partial priapism, and the least movement of the limbs caused an erection. A large sloughing bedsore was found over the sacrum, and smaller ulcers existed on each leg below the knee. The urine, which excoriated the scrotum, by constantly dribbling, was light in color, but not clear, specific gravity 1016, slightly acid in reaction, and not albuminous.

Upon examining the patient as he lies before us, we notice that either leg is sometimes jerked by an involuntary spasm. When tested by a pin, the leg becomes strongly flexed, forming at the knee a considerably acute angle, but notice that when it is so flexed, he is not able to again extend it. Introducing the pin deep into the skin of the leg, though producing these violent contractions, is unattended by pain; he says he does not feel it in the slightest degree. Perception of heat and cold is also lost, but these agents also produce active reflex movements. Therefore sensation to pain, touch, and temperature is abolished below the knees.

With the battery, the muscles of the thigh, although they take a little time, respond well to a weak current. Upon applying it to the calf muscles the leg jerks, reflex action being produced as by other contact, but the muscles do act; therefore their electro-motor contractility is, to say the least, preserved. He feels the current slightly. *The electro-muscular contractility appears normal, but the electro-muscular sensibility is diminished.*

The hour having expired, I will pause merely to pronounce the case one of paraplegia, probably depending upon syphilitic disease of the spinal cord low down in the dorsal, or in the lumbar region; and will discuss the case more fully on the next clinic day. In the meantime he will be treated by large doses of iodide of potassium (gr. xx, thrice daily), with cod-liver oil and nourishing diet, and careful attention will be given to his bed-sores.

January 22, 1875. In bringing this patient once more before the class, we will not stop to again test his sensibility; reflex excitability is here greatly increased, the prick of a pin causing such active spasm of the flexor muscles of the inferior extremities that involuntary, but extremely offensive, fecal evacuations occur, which tends to repress unnecessary experimentation.

His expression is good; his face is not emaciated or anæmic; he eats well, and his tongue is clean, except a slight coating upon its left side. He has no cough. The pulse is 68; respirations 18. His axillary temperature this morning was 97½°, and the highest since he has been in the house is 98½°, so that the temperature is not materially affected. The heart is irritable, and its beat quick; the sound is short, but not abnormal; there is no valve lesion. There is no tenderness along the vertebræ, and, with the exception of some sense of soreness in his back, produced by the bed-sore, he has no abdominal or lumbar pains, nor has he, at any time since his attack, had any pain in the paralyzed limbs. This point about the pain is an important one, which I will ask you to remember. He also says that he has a sense of constriction, as if a cord were drawn around his chest. When the soles of his feet are tickled the reflex movements are strong in both legs, but are rather more active in the right. The electro-muscular contractility, as you will recall, was but little impaired, if at all. The urine has become neutral, and is alkaline a few moments after passing.

You have heard the history and the present condition of the patient, let us now examine the diagnosis

Here is an attack of paralysis, acute, rapidly developed. The loss of voluntary motion is complete. He cannot move his legs in the slightest degree, nor has he improved since he came into the hospital. Sensation is so defective that the thrust of a pin produces no pain, but like other peripheral irritation, causes powerful reflex movements. These are the principal points upon which to construct our diagnosis, which we make as syphilitic spinal meningitis with myelitis, or inflammation of the cord, acute

in character. Having announced this diagnosis, we will review the corroborating points, and investigate some of the unusual features of the case.

First.—I will call your attention to the complete anæsthesia. This is a symptom that commonly accompanies inflammation of the cord, and very often precedes the loss of motion, as, in truth, it seems to have done here. At times—and this would accord with our knowledge of the physiology of the cord—the loss of sensation occurs in one limb coincidently with motor paralysis in the other. In myelitis loss of sensation is the rule.

Second.—Another feature in this case requires our attention; it is the exalted reflex excitability. This may be found in simple meningitis as well as in myelitis, but while it continues you may be sure that the gray matter of the cord is not disorganized, for if the morbid action involve the gray substance to the extent of softening, reflex excitability will be lost. We may then conclude that, in the case before us, this structure is intact.

Third.—Now as regards the complete and rapidly developed character of the paralysis. This has not been attended by any pain in the legs, and upon this I would lay some stress. In cases of uncomplicated spinal meningitis, the palsy, being caused by localized effusion into the membranes, is shifting and not complete, depending for its nature and degree upon the amount and location of the effusion. Therefore we must have some myelitis in the case we are studying to account for the character of the paralysis.

But why assume any meningitis at all? Why may this not be a pure and simple inflammation of the cord? Because—

1st. Myelitis is generally accompanied by more or less meningitis.

2d. Preceding the loss of motion in the legs there were muscular twitchings; this is much more likely to belong to the clinical history of meningeal inflammation than to myelitis.

3d. Syphilis of the nervous system generally invades the membranes, and the exudation resulting gives trouble in proportion to its amount and the pressure it exerts. Clinically speaking, there is not, however, very much difference between symptoms thus produced and those due to structural disease of the cord, but I conclude that there is some meningitis present from the manner in which the paraplegia set in, the muscular twitchings, and some of the other phenomena mentioned. The exceptional feature which distinguishes this from a case of simple meningitis is that disease of the membranes is usually characterized by pain in the course of the nerve trunks. Here there is none; nothing like distinctive pain in the legs or abdomen.

Before concluding, let us ask, Is there no other explanation; must it be as we have assumed, or could the amount of disease that here exists be otherwise accounted for? Yes; there is a possibility, and this possibility is strengthened by the syphilitic history of the case. It is that of the existence of a syphilitic tumor pressing upon the cord. Now, while I admit that this might be the case, I tell you that the differential diagnosis of such a tumor is impossible unless tumors of a similar kind exist elsewhere upon the body. Another point is that the symptoms in this case appeared suddenly, while the development of a tumor would be gradual, and the spinal symptoms correspondingly slowly produced. Yet there are apparent exceptions, as in a case you saw some time since with my colleague, Dr. Hutchinson. There would, however, be spinal tenderness, and the absence of pain, both spontaneous and upon pressure on the vertebral spines, in the case before you, renders the hypothesis doubtful; and it is rendered still more improbable by the fact that a tumor would not, at least in its early stages, press equally upon both lateral segments of the cord. This would give us a history of disturbance of sensation upon one side and of motion on the other, due to the fact of the decussation of the motor nerves taking place in the medulla, while the sensor fibres cross throughout the entire length of the cord. We therefore settle upon the diagnosis of meningitis with some attending myelitis.

The prognosis is very unfavorable, and there is but one point upon which you can hinge a hope; that is the history of syphilis. It is a curious fact that syphilitic nervous lesions are much more amenable to treatment than those from any other cause.

If the disease progress unchecked, it will either produce softening of the gray matter, or its connective tissue will be increased, and result in induration or sclerosis.

The treatment with large doses of iodide of potassium will be continued. At the same time he shall have the bichloride of mercury (gr. $\frac{1}{30}$, thrice daily), in a separate prescription. There is no use of local treatment; galvanism would be injurious from its influence upon the reflex excitability: frictions are interdicted upon the same grounds.

Before passing the case, there is one other feature that I will mention, the early appearance of bed-sores. This is one of the greatest dangers we have to encounter in myelitis, and it demands early and constant attention. As a prophylactic, washes may be used to harden the skin, such as dilute alcohol, or alum and water. Or, when bed-sores are beginning to form, we may act favorably upon the exposed skin by frequent alternate applications of hot and cold water, as suggested by Brown-Séquard. This has been found very useful in retarding the development of bed-sores, and improving the nutrition of the skin. I said retard the development (I wish I could say prevent), but they will sometimes appear in spite of your greatest efforts.

I have discussed this case rather fully, both because it well illustrates some points of the pathology of the spinal cord, and because it is so rare that you will seldom meet with its like.

Spinal Anæmia and Exhaustion, with General Paresis.

The case now being brought in is an intricate one, about which there may well be a difference of opinion. The notes are as follows:—

Rebecca M——, æt. 30, married, gives a good family history. As a girl, she was never very strong, her menstrual periods were irregular, and she suffered from leucorrhœa. Married at 21, she has had two children and one miscarriage. Her second child was not well developed, and is sickly. She has been obliged to wear an abdominal supporter since the birth of her first child; and, to relieve some uterine trouble, a pessary was introduced two years ago, but as it set up considerable inflammation it was shortly after removed. When she was eighteen she began to lose flesh, but during the last two years she has emaciated rapidly. About this time (two years ago) she also began to lose power in her legs, and this has continued until at present she is unable to walk more than a few steps. She has no fever. She is not constipated. The urine is rather dark in color, but clear; acid reaction, specific gravity 1026; it is non-albuminous.

We will now proceed to investigate the case to find a cause for this general loss of power. She moves the upper extremities perfectly well, but her grasp is feeble, particularly in the left hand; she moves the lower limbs less readily, and after a few steps her power seems to give out. We have not taken her word for this, but it was tested before she was brought before you. She looks emaciated; the color of her face is not bad, but a certain amount of anæmia exists. Her gums are pale, and, curiously enough, show a well-marked gingival line, but upon this I lay no stress. She recalls that the weakness in her lower limbs has been aggravated since the birth of her last child, but she had had a pain in her back and began to lose power in her legs one year previous. There was general loss of power before, but since this confinement it has been more marked in the lower extremities.

Upon auscultation we can detect no disease of the heart, but it is irritable and frequent-acting. The tongue is slightly coated. She has occasional headache, the pain of which is associated with heat; it is sometimes acute, and is at times accompanied by neuralgic pains in the teeth. She cannot read much, as strain of the eyesight produces pain in the head the next day.

The legs are very much dwindled. The right leg measures 8¾ inches; this is no calf at all. The left is even less, 8½ inches. The thigh muscles are small in proportion. Those of the arm are flabby, but they are better developed than those of the leg. So much for the muscular system; now for sensation. Pinching is readily appreciable, especially at one point of the right leg, where it produces a feeling of soreness. She readily distinguishes heat and cold; perception of temperature is unaffected. Tickling, or the prick of a pin, she feels distinctly. *Sensibility is perfectly preserved, and, if at all affected, is slightly exaggerated upon the right side.* Upon applying the current we find the electro-muscular sensibility is well preserved. She feels a feeble current distinctly; and motion is easily excited by the same current in either limb; there is good action of the muscles. When, however, she attempts active voluntary motion, as in trying to kick, *she does not seem to have full power over the muscles.* She can move them, but they act feebly. She moves the arms well; the loss of power is not so evident as in the lower extremities. She has at times a sensation of numbness in the fingers, and occasionally, but not so often, in the legs. These feelings, she states, last only about fifteen minutes at a time; they are not permanent. Upon examining the spine, we find considerable tenderness upon pressure; in truth, the whole spine is sensitive, but there are several spots of especial soreness—one about the lower cervical or first dorsal vertebra, and several more between this and the sacrum. She does not think these are stationary; sometimes one point, sometimes another, is painful. Motion of the body does not increase this pain.

Now, what is the diagnosis of this case? That it is one of real disease of some kind is evident, from the wasting and loss of power. At first glance it might be considered as hysterical, and much of the complaint imaginary; but here there is true atrophy of the muscular system, and the loss of power has been tested; although she is talkative and emotional, yet the hysteria present forms only a part of the malady, and cannot account for the organic changes.

Is this a case of spinal softening attended with loss of power? I think not, for several reasons.

1. The loss of power is variable, and not complete.

2. She seems to have control over the muscles up to a certain point, where they give out and apparently become exhausted. This is not the history of organic disease of the cord.

3. Moreover, the test with the battery serves to negative this supposition of softening, in which the muscles lose their electric contractility; in this case they respond well to a weak current.

If it is not softening, what is it? There is one hypothesis that will probably suggest itself to you; it is that of reflex paraplegia, which we sometimes see after uterine disease. And if by this you merely mean functional paraplegia, of spinal origin, encouraged or excited by uterine disease, I accept the diagnosis as very likely. The motor disturbance was general, and occurred in the arms as soon as in the legs. Though not directly caused by the uterine trouble, it has had a great deal to do with this condition we are studying. As to the way in which it might do so, two views might be taken:—

First.—There may be congestion of the spinal cord.

Second.—An anæmic state of the cord may exist, with depressed function.

They are both possible. Now which is the more likely to exist in the case before us?

Considering the general appearance, the anæmic look, the spinal tenderness, we find these

more common in spinal irritability, with anæmia, than in congestion of the cord. Again, we have seen here that the power gives out after a slight effort, instead of improving after exercise, as it often does in spinal congestion.

Therefore, we believe that the paresis, as it really is, and not true paraplegia, is caused by depressed function, accompanied by anæmia of the cord, which evidently started in the uterine trouble, and was secondarily followed by anæmia, to which the loss of power was subsequent.

The study of this case is very interesting, and if our diagnosis is correct, we will be able to cure the patient. But before discussing the therapeutics, I wish to call attention to the dwindling of the muscles. This is partly due to the want of use and proper exercise, and partly caused by defective nerve supply; the nervous centre being impaired, its functions are affected.

You may suggest the question, Might this not be a case of progressive muscular atrophy? This is rendered unlikely by the fact that—

1st. Progressive muscular atrophy is rare in women.

2d. When it occurs it is not so general or symmetrical as in the present case.

3d. If the trouble were in the muscles, before this amount of atrophy and loss of power would occur, their structure would be so altered that they would not readily respond to electricity; there would not be such perfect reaction as we have seen to exist here.

From these reasons I think our diagnosis is correct, and the muscular trouble is due to defective nerve supply and changed nutrition.

The first requisite in the treatment is to investigate and remove the uterine disease. Having done this, we will invigorate the spinal cord. For this purpose the preparations of zinc and of phosphorus have been recommended; arsenic, also, is used in these cases. Strychnia has been tried, but it does not agree with her. She shall have two grains of valerianate of zinc every three hours. Also, for the anæmia, she may take tincture of the chloride of iron, twenty drops after meals; and she shall be well dry-cupped over the spine, to relieve the sensitiveness and spinal irritability. Moreover, as we wish to improve her general nutrition, as well as that of the spinal cord, she shall have a good diet, with a small amount of stimulant, say a glass of ale or porter daily; and, if her stomach will bear so much medication, she should take a tablespoonful of cod-liver oil three times a day. It may not be possible to give her all these at once, but I will merely indicate the general line of treatment, and will modify it as circumstances may require.

Would any local treatment be of service here? Yes; it will be of great benefit, in the shape of daily frictions, faithfully applied. The muscles shall be galvanized, in groups, every other day, as a muscular tonic. Might it not be possible to invigorate the spine by the direct action of the continuous current? I confess I have not seen the good effects that we are told arise from the application of the constant current for its central action. But, because it has been strongly recommended for just such cases as the one before us, we will try it here, and apply the continuous current to galvanize the spine every other day, alternating with the faradic current to the muscles, before ordered.

Editorial Department.

Periscope.

The Treatment of Chloroform Sickness.

The following treatment for the after effects of the Inhalation of Chloroform and Ether is given by Dr. W. Rigden, in the *Lancet*.

The first consideration in chloroform sickness is its prevention, and too great importance cannot be attached to the diet of the patient on the day of the operation, as well as to the treatment of the patient for some hours after. If the operation is at two o'clock or at half-past one in the afternoon, as is usual in most of our metropolitan hospitals, the patient should have his usual breakfast of bread and butter, with tea or coffee, and an egg, if required. This is usually at about seven o'clock. He should then have a pint of strong beef-tea at ten o'clock, but not later, and half an hour before the operation a glass of sherry or some brandy-and-water. This should not be given immediately before the operation, as I do not think it does any good, and it increases the liability to after-sickness to begin the inhalation immediately after the patient has swallowed anything. I do not think it safe to give meat at all on the day of the operation, for I have often noticed a patient vomit undigested meat which he had taken fully four hours before, and this is due to the thoughts of the impending operation interfering with digestion. If the operation is to be performed in the morning, the patient should have some beef-tea about three or four hours before, and a glass of sherry or brandy-and-water half an hour before the operation. Too much care cannot be taken in keeping the patient lying quiet during and after the administration; any movement, especially if jerky and rough, and more especially while recovering

from the anæsthetic, is very likely to bring on vomiting. It is the habit of many surgeons to give opium to a patient immediately after an operation; this, though probably beneficial in many ways to the patient, is very likely to increase the liability to so-called chloroform sickness. The hypodermic injection of morphia is more likely to produce sickness, when given without chloroform, than other preparations of opium. I would suggest that in these cases morphia should be given combined with atropine, in the proportion of one-sixth of a grain of the former to one-sixtieth of a grain of the latter. This combination I have used when morphia alone has produced sickness, and I have never known it fail.

The dietetic management of a patient after recovery from chloroform inhalation is very important. It is better to give nothing for the first three or four hours but a little ice to suck, and very small doses of brandy if the patient requires it; but most cases are far more likely to recover well if left to themselves than if brandy is energetically poured down their throats. Perfect quietness is also very important; the patient should be cautioned to lie quietly, and not to talk; the room should be darkened for the patient to get some sleep. If sickness happens to come on, in most cases it will be only slight, and pass away by leaving the patient quiet, following out the same plan as I have recommended for its prevention; but if it gets protracted, then there are hosts of remedies which have been extolled, but none of which are of universal use. A mixture of milk and lime-water, or milk and soda-water in equal parts, is most likely to be of service; but should these fail, the best medicine, I believe, is bismuth and hydrocyanic acid. I have seen creasote, ipecacuanha wine in minim doses every hour, also Battley's solution of opium in the same doses, used advantageously, but I have seen them as often fail.

It is sometimes possible to prevent vomiting during an operation, when it is impending, by pushing the chloroform with care; for it is often a sign of returning consciousness, and may be prevented by keeping the patient well under its influence.

The foregoing remarks will apply in the main to ether, but there are some important differences in the action of the two substances. Vomiting after ether I have found more frequent in my cases, but I am sure it is not so prolonged; headache is decidedly more common after ether, and is sometimes intense, but it is not usual at all; some amount of excitement on returning consciousness after ether occurs in fully half the cases, but it is rare to be very great or prolonged. The classes of patients who exhibit it most markedly are the same as those who exhibit excitement after chloroform. There is no collapse after ether, and ether will in most cases do away with the shock after severe operations; those patients who have taken ether subsequently to inhaling chloroform have always told me that when consciousness returned they have felt much better after ether; still the commencement of the inhaling of ether is so unpleasant that most say that they would prefer chloroform if they were to be anæsthetized again.

Vomiting I have found to occur in 50.65 per cent. of the ether cases, against 32.86 per cent. of the chloroform cases; but of these 35.06 were only slightly sick, so that we have 15.59 per cent. of the ether cases exhibiting troublesome vomiting against 16.17 of the chloroform cases. I have found the same difference in ether as in chloroform between minor and capital operations: in the former 40.89 per cent., and in the latter 76.4 per cent., of the ether cases exhibited vomiting in some degree. Bronchial irritation or excessive flow of saliva is not uncommon after ether inhalation, and is sometimes troublesome, but it never lasts long, not more than a quarter of an hour.

Therapeutical Properties of Bromide of Camphor.

Some experiments of this drug by Dr. Bourneville, of Paris, are quoted in the London *Medical Record*.

The form of the drug administered was the same as that which has been employed up to the present time in all the hospitals of Paris, Dr. Clin's bromide of camphor dragées. In addition to the physical properties of bromide of camphor already mentioned, its characteristic odor and disagreeable flavor, it may be noted that it is insoluble in water, and changes when exposed to the air, so that the dragées are the best form in which to administer it. Each dragée contains exactly ten centigrammes (1½ grain) of the bromide of camphor, covered by a thin coat of sugar, which preserves the drug, masks both its odor and flavor, and renders it easy of deglutition. These dragées become rapidly disintegrated in the stomach. Among the cases already published we find the following:—

In one case, a woman aged sixty-two, suffering from heart-disease attended by insomnia, twenty centigrammes only (two dragées) were efficacious. In the case of a woman aged forty-six, who was suffering from progressive locomotor ataxy, in whom insomnia alternated with disturbed sleep troubled by nightmares, it was necessary, in order to obtain a decided improvement, to administer eighty centigrammes (eight dragées). A woman aged forty-six, who for six years suffered from chorea, who had not been able to walk for a year, and was tormented by such incessant and violent movements that they drew her out of her bed, and who was also unable to sleep, had administered to her as high a quantity as 120 centigrammes (twelve dragées). Her sleep became calmer, she remained quietly in her bed, could walk a little, and often remained fifteen or twenty minutes undisturbed by choreic movements.

Three women, under the care of M. Charcot, of the respective ages of fifty, sixty and sixty-seven, were attacked by paralysis agitans, and

pronounced incurable. They took from twenty centigrammes to one gramme (three to fifteen grains) of the bromide of camphor, daily, in quantities varying from one to ten dragées, in progressive doses. A marked amendment followed.

Bourneville (*Progrès Médical*) has submitted the efficacy of bromide of camphor to a severe test, by choosing as a field for his experiments a hospital for incurables. If it succeeded in these obstinate cases, still greater was the probability that it would act beneficially where the conditions were more favorable, and the illnesses of more recent origin. A patient in the Hospital de la Pitié, twenty-four years of age, suffering from acute rheumatism, was attacked by chorea in the left arm. He was cured in five days. The dose was sixty centigrammes (nine grains) daily, given in six dragées

In the same hospital, a woman, aged twenty-two, was attacked by violent hysterical chorea, with hysterical vomiting. The dose given was first forty, and then sixty centigrammes, daily. Her cure was rapid.

A young woman, a patient in the Neckar Hospital, suffering from induration, with insufficiency of the mitral valve, showed symptoms of poisoning from the first day digitaline was administered to her. The digitaline was discontinued, and bromide of camphor substituted. The heart-beats diminished in frequency and became regular. The medicine was relinquished, and the improvement obtained continued the same a fortnight later.

A man in the same hospital, presenting the same conditions, received equal relief.

On Chloral Hydrate.

At a meeting reported in the *British Medical Journal*, Dr. Wallich read a communication on some of the Properties and Effects of Chloral Hydrate. The author drew attention to the fact that the conflicting results which had, from time to time, been attributed to chloral hydrate, and had induced some persons to condemn it as a drug both uncertain and unsafe in its action, were due in all probability to the marked diversities to be met with in the external characters, and even in the chemical constitution of the substance, as shown by the different formulæ which had been published for it. Chloral hydrate occurred either in massive tablets of varying thickness, or in small detached crystals. The latter of these two forms gave off no pungent or acrid fumes; was always more or less deliquescent; and was very largely soluble in plain water. The former gave off pungent fumes, which were in some samples acrid and acid, resembling those of hydrochloric acid, and like them visible to the eye, and was less readily soluble in water. According to the author's experience, the first named of these two forms never produced any of the deleterious effects complained of, even in cases where large doses had been persistently given, and the use of the drug continued for a protracted period. Regarding chloral hydrate as an unequaled sedative and hypnotic, and indirectly as an anodyne and anæsthetic, Dr. Wallich maintained that, by due care in the selection of the drug, by never administering it on an empty stomach, by diluting it to a sufficient extent, and not merely covering the taste by syrups or other media, and, lastly, by giving it in moderate doses, from fifteen to thirty grains, repeated as circumstances demand, rather than in larger single doses, all its normal and beneficial effects might with certainty be secured. Where increased heart's action was the primary effect produced on the system, the author contended that either the drug itself or the mode of administration had been faulty.

Fatal Acute Alcoholic Poisoning.

The annexed clinical case at St. George's Hospital, reported in the *Lancet*, well illustrates the toxical symptoms of alcohol.

On Nov. 26th, W. C——, aged twenty-one, was brought to the hospital with the following history. At 11 A.M. of the same day he happened to be present when another man, carrying three jars, containing brandy, whisky and rum, through the street, met with an accident, and spilt their contents in the gutter. On seeing this he dropped on his hands and knees and drank a quantity of spirit out of the gutter. About five minutes afterwards he was noticed to stagger as he walked down the street, but it was not known what happened to him between that time and 12 o'clock, when he was brought insensible to his lodgings. His landlady having sent for the police, and they for a surgeon, he was, by the advice of the latter brought to the hospital at 2 P.M.

On admission he was perfectly comatose, his face somewhat bloated and livid, and frothy mucus was oozing from his mouth and nostrils; his skin was cold and clammy, his pulse fluttering, the breathing short and stertorous, and the pupils unequal and inactive.

By means of the stomach-pump sufficient spirit to make more than a gallon of strong brandy-and-water was withdrawn. Respiration having nearly ceased, he was galvanized in the course of the phrenic, and bottles of hot water were applied to his feet and placed around his body; by these means his breathing became better, his pulse fuller, and the congestion of the face ceased, but whenever the galvanism was omitted for a few minutes the respiration stopped. This galvanism was continued until 3.10 P.M., after which he continued breathing of his own accord, and some urine drawn off at this time smelt strongly of brandy, and contained a considerable amount of albumen. At 5.30 P.M. respiration again ceased, but recommenced under the influence of galvanism. Between this and midnight his breathing was generally stertorous, and mucous râles could be heard all over the chest, the respiratory movements varied from 40 to 60 in the minute, and his pulse was 120.

At 5.30 A.M. of the 27th, he had turned himself in bed, and showed some slight consciousness when attempts were made to rouse him. His pupils acted slightly, but his breathing continued stertorous, his respiration 64, and his pulse 120 in the minute. He continued in the same condition until 7 A.M., and then died somewhat suddenly, exactly nineteen hours after drinking the spirit.

At the post-mortem examination the stomach was found slightly congested at its cardiac extremity. The lungs were intensely congested, and the bronchial tubes congested and filled with sanious fluid. There was merely slight congestion of the membranes of the brain, the ventricles were perfectly dry and the substance of the brain natural in appearance. The other organs were congested, but otherwise healthy.

The Relations of the Death-rate to the Population.

This important point in vital statistics is discussed in a late number of the London *Medical Times and Gazette.* The writer says:—

By exhaustive analysis and comparison of the census returns of 1871, as applying to certain selected counties and towns, it was established, in the first place, that the influence of the varying proportion of the sexes in a population in disturbing the value of the general death-rate is so inconsiderable that it may safely be ignored. Secondly, that the extreme limit of disturbance produced in any population by the variety of age-distribution does not exceed two per 1000 in the rate of mortality; and, except in a few cases, the limit as affecting town populations is only one per 1000. Thirdly, that the age-distribution indispensable to a high birth-rate, apart from the effect of the birth-rate itself, which assists in the same direction, actually produces a lower normal rate than the age-distribution which prevails where the birth-rate is low. Fourthly, that both high birth-rates and high death-rates are induced by a large proportion of urban population, but arise from distinct causes, and are not dependent the one on the other. Fifthly, that however desirable it may be to have census enumerations taken more frequently than once in ten years, past experience shows that estimates of population do not to any considerable extent interfere with the value of the Registrar-General's figures for the purposes they are intended to serve.

Homœopathic Tincture of Phosphorus.

The *Druggists' Circular* says:—

The following is the regular formula for making this preparation: Strong alcohol, with an excess of phosphorus, in an open bottle, is placed in a hot water bath, and after the phosphorus has melted the liquid is well shaken till it has become cool, and then poured off.

One thousand drops of this solution contain one grain of phosphorus, and this forms the third decimal potency. Ten drops of the solution with ninety drops of strong alcohol give the second centesimal, or the fourth decimal potency.

The strong alcohol here meant is prepared from ordinary spirits of wine, free from empyreumatic oil, and subjected to another distillation. It is afterwards reduced to the sp. gravity 0.83.

This is taken from a Homœopathic *Pharmacopœia Polyglottica*, by Dr. Willmar Schwabe, Leipzig, 1872.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Braithwaite's Retrospect, for Jan., 1875, is out, with its usual careful selections from the English Medical periodicals.

——The "Transactions of the Medical Society of the District of Columbia," January, 1875 (pp. 22), contains the notes of a number of cases, and an interesting discussion on hydrophobia.

——The *Archives of Dermatology* is another most creditable special periodical. It is edited by Dr. L. D. Bulkley, with the assistance of a large corps of able collaborators. (Quarterly. $3.00 a year.)

——The Chicago *Journal of Nervous and Mental Disease* is an admirably edited periodical, unsurpassed in its specialty by any in Europe. The editors are Drs. Jewell and Bannister, who deserve the highest praise for their industry and energy. (Quarterly. $4.00 a year.)

——G. P. Putnam's Sons, New York, announce the publication of a series of Clinical Lectures, by American Medical Teachers. The series will be begun by the publication of one lecture each month, but if sufficient encouragement be received, it is proposed to make the issue semi-monthly. For the first year no subscriptions will be received, but the lectures will be sold separately, at from 30 to 50 cents each.

The first issued is a lecture by Professor Lewis A. Sayre, on Hip Joint Disease. It makes a neatly printed octavo pamphlet, and sets forth the remarkably successful treatment of the lecturer, such as our readers are familiar with from his clinical contributions to the Reporter. The lectures which are to appear hereafter are promised from the leading physicians of New York and other sections of the

country. It is an undertaking which merits a favorable reception from the profession.

The series will be under the editorial control of Dr. E. C. Seguin.

BOOK NOTICES.

Report of the Health Commission of the State of New Jersey, for the year 1874. Trenton, 1874. pp. 64.

This pamphlet is the report of a Committee of physicians appointed by the Legislature of New Jersey, to inquire what means should be taken by the State to preserve the health of the citizens.

Commencing with a brief historical sketch of sanitary measures, and a vindication of their value, it proceeds to define those diseases which can be controlled by hygiene. Such are small-pox, cholera, fevers, consumption and zymotic diseases. Intermittent and remittent fevers, which are the scourges of certain parts of Jersey, could, the Commission points out, be materially diminished by drainage and clearing the streams from obstructions. The water supply and sewerage of various cities of the State could be much improved. Trenton itself is a conspicuous example. The formation of local Boards of Health, and the adoption of a general and uniform plan of recording vital statistics are also recommended.

On Winter Cough, Catarrh, Bronchitis, Emphysema, Asthma. A course of Lectures delivered at the Royal Hospital for Diseases of the Chest. By Horace Dobell, M. D., Senior Physician to the Hospital, etc., etc. Third and Enlarged Edition, with colored plates. London, J. and A. Churchill, 1875. 1 vol., 8vo, cloth, pp. 292.

Among the numerous valuable contributions to the literature of diseases of the chest which we owe to Dr. Dobell, perhaps none treats of a disease more widely prevalent in both England and the northern United States, than the one before us. The volume is made up of nine lectures and an appendix. The symptom of "Winter Cough" is rigidly analyzed in a number of clinical cases, and is found to arise from one or several of quite a variety of conditions, such as dilated right heart, collapsed lung, emphysema, naso-pulmonary catarrh, excessive sensitiveness of the mucous membrane, etc. These conditions cannot be neglected, if the treatment is to prove successful, and very minute instructions are accordingly given for their identification.

The treatment, to which three of the lectures are devoted, is carefully detailed by the author. It may be divided into hygienic and medicinal. Change of climate is an important element in the former, and a classified list of climates is given, grouped as "sedative," "stimulant," "balsamic" and "elevated." Special notes for travelers are added, in reference to a few of the most approved stations, such as Egypt and Arcachon.

As medicines, in the stricter sense of the term, the author relies much on sesqui-carbonate of ammonia, believing that it has "a most marked and important action on the mucous membrane." "It assists more than any other one drug of equal safety, in restoring a healthy condition to a mucous membrane affected with catarrhal congestion." Senega he regards as rather irritating; olibanum he considers a more valuable aid in checking morbid secretion from the mucous membranes of the air tubes. Benzoin is another valuable remedy.

For that very annoying, obstinate and disagreeable complaint, post-nasal catarrh, Dr. Dobell believes in a combination treatment of

1st. A medicated injection:—

℞.	Boracis,	ʒj.
	Glycerin. carbolat.	ʒij.
	Sodæ bicarb,	ʒj.
	Aquæ tepidæ,	Oss.

Sig.—To be used night and morning.

2d. A medicated snuff, to wit:—

℞.	Powdered camphor,	
	Tannic acid,	
	White sugar,	
	Dry Welsh snuff,	āā ʒj.

Sig.—Two or three times a day.

3d. A lozenge, as:—

℞.	Powdered camphor,	gr. ij.
	Tannic acid,	gr. ss.
	Hydrochlorate of morphia,	gr. $\frac{1}{36}$
	White sugar,	gr. x.
	Powdered gum arabic,	gr. ij.

Lastly, rub behind the ears and back of the neck, two or three times a day, with camphor liniment.

The colored illustrations give views of diseased lungs, carefully drawn and tinted. Altogether the book is one which richly repays close reading.

THE

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ILL EFFECTS OF CHLORAL.

The observations of Dr. Madison Marsh in this journal (Jan. 16), deserve careful study, as they are abundantly supported by other physicians. As to the exact extent to which the chloral habit is carried by those whose condition does not require it, it is exceedingly difficult to say. Possibly some exaggeration has crept in, as is usually the case when one becomes impressed with the danger of a habit, and feels the necessity of bearing testimony against it. Certainly a large quantity is used, but how much legitimately and how much illegitimately, it were hard to calculate.

A recent number of the *Medical Press and Circular* contains a rather curious example of a whole family who fell into the habit of a needless, and hence hurtful, consumption of the drug. It appears that the entire family took chloral for very many months. At first it was quickly absorbed, and doses of half a drachm produced sleep in less than half an hour. Ten or fifteen grains answered one individual. The artificial sleep lasted with some of the family four or five hours, when the drug seemed to be in a great degree eliminated from the system. If the patient was very irritable on going to bed, no further sleep was had that night; but if less so, the artificial sleep slid into the natural one. When the sleep was not sufficiently prolonged to allow the chloral to be eliminated from the system, the phenomena evinced were precisely like intoxication.

The doses exhibited were probably needlessly large. A large dose often failed in producing anything but a nightmare stupor, if the person went to bed angry, owing, probably, to the stomach containing acid, a small dose sufficing the same individual when the frame of mind was tranquil. After a time each individual began to perceive a constant feeling of chilliness, owing, probably, to depressed nerve power, and also to the chloral hindering oxydation. Dyspepsia, to which three of the individuals were more or less subject, became aggravated, and the fourth, who had enjoyed a good digestion, became likewise dyspeptic. Symptoms threatening imbecility and general paralysis showed in three, the one who escaped being the one who took but a very small dose (ten or fifteen grains). A hemorrhage from bleeding piles, to which one had been subject for many years, and which was well borne while the loss was made good by well-digested food, now, when digestion was completely paralyzed, became constant, and threatened to prove fatal. The example is given by Dr. F. M. Luther.

A discussion of the subject took place at the Clinical Society of London, at a meeting held at the close of November last, which elicited the experience of quite a number of gentlemen of extensive practice.

Mr. P. Thornton related particulars of a case of delirium tremens, in which eight drachms of chloral hydrate were administered within thirty-three hours and a half. The delirium was not

relieved; on the contrary, the patient recovered as soon as the chloral was stopped.

Dr. Farquharson said that records of cases of chloral poisoning were interesting, now that "chloral-eating" was common. The symptoms of an overdose of chloral varied in different cases. Sometimes the heart was immediately acted on, faintness being a symptom; at other times, the effect was more upon the pneumogastric nerve. It was a question whether these differences were to be referred to idiosyncrasy or to the quality of the drug—that is, to impurities. Chloral was often impure, and Liebreich had said that the administration of it in this condition was the cause of the preliminary intoxication sometimes observed after its exhibition. Liebreich had also observed that chloral acted badly in gout, because the alkalinity of the blood necessary for its decomposition was not present in that disease. Dr. Farquharson himself had found that in acute rheumatism large doses of chloral had not only not done good, but had even caused delirium. As for the dose of chloral which might be given, he had used as much as six drachms a day in neuralgia.

Dr. Rhys Williams said that in Bethlehem Hospital the results of the use of chloral had been rather unfavorable. As regards large doses, he had given in one case of chronic insanity as much as two drachms every four hours, and that without either relieving the symptoms or inducing sleep.

Dr. Greenhow remarked, in reference to the therapeutics of chloral, that in delirium tremens he had used it eight or nine times, and with the result that he was better satisfied with it than with any other drug he had tried. He administered ten grains every few hours until sleep supervened. In rheumatism, the theoretical objection to chloral was plausible; but as a matter of fact he had found chloral useful in the disease. Chloral hydrate was, however, very much like other drugs, uncertain; and his rule was to give it a fair trial, and, if the result were unsatisfactory, to try something else.

Mr. Thornton inquired whether there was any known antidote to hydrate of chloral. Was strychnia, for example, such an antidote? The replies were to the effect that strychnia is, at best, a doubtful antidote, and that the most reliable one we know seems to be strong coffee.

Notes and Comments.

Therapeutical Notes.

new liniment for scabies.

Dr. Clemens gives the following formula in the *Allg. Med. Central Zeit.*, December 9th, 1874:—

R.	Arsenious acid,	gr. j.	
	Carbonate of potash,	grs. xv.	
	Spirit of soap,	ʒiij.	
	Spring water,	ʒiij.	M.

The liniment to be rubbed twice daily on the parts affected.

It is said to be efficacious, and unattended with any trouble or inconvenience. The carbonate of potash is added to the arsenious acid to promote its solubility, and to prevent the too rapid drying up of the liniment. Dr. Clemens has used this application for the last five years with the best results. Of course disinfection of the clothes is useful; but where such cannot conveniently be carried out, the liniment lying on the body serves as an attraction to the acari, which, by reaching it from the clothes, perish in it. Very little of the quantity mentioned in the prescription is necessary, and the frictions have always proved harmless as far as the digestive organs are concerned. It does not hurt the youngest child.

infusion of myrtle in leucorrhœa.

Dr. Delioux de Savignac recommends this as a useful and agreeable injection in leucorrhœa. The berries or leaves, containing both essential oil and tannin, are the best parts of the plant for this purpose. About half an ounce should be infused in a quart of boiling water, and, if powerful astringent action is desired, one ounce may be used. The injection should be used cold or tepid, and in large quantities (three or four quarts), and thrown up as high as possible. The application is much liked by women, on account of its pleasant odor.

carbolic acid subcutaneously in erysipelas.

Dr. Hirschberg relates the case of a slaughterman who accidentally cut his upper arm, the

wound being about five inches long, and penetrating the muscles. A good deal of venous hemorrhage followed. On the second day a bad attack of erysipelas of the arm came on. A two per cent. solution of carbolic acid was injected subcutaneously at the upper boundary of the erysipelas, and next day all traces of erysipelas had disappeared. The injections were repeated five times within the next three days, and the wound healed far more rapidly and with much less suppuration than could have been expected.

CATARRH OF THE KIDNEY.

The frequent micturition, pain, and sleeplessness which characterize this disease are quickly and certainly relieved, says Dr. Leopold Dittel, by inhalations of the ethereal oil of pine.

The Influence of Ozone.

As heretofore remarked in this journal, the influence of ozone on health is esteemed of less and less magnitude. In the last Health Report of the British Navy, is a paper on the subject, by Staff-Surgeon J. Mulvany. In conclusion he expresses an opinion that no disease can be clearly traced either to the superabundance or scarcity of ozone. Also that its most marked influence appears to be exercised over the generative organs; and as it tends to increase the chances of fecundation, the probability is that it imparts to the primary elements of life an accession of developmental force, which counteracts the transmission by the parents of that impaired bodily vigor which is always induced by the condition of heat, humidity, and clouds, etc., under which the manifestations of ozone are most liberal. And in this way ozone may be looked on as an important agent in the prevention of the degeneration of the human race. This is certainly a curious, and if correct, a conclusion of no trifling value.

Is There Danger of "Driving in" a Skin Disease?

The popular opinion says there is. We have heard the venerable Prof. George B. Wood sanction this opinion. Dr. McCall Anderson, in his late book on skin diseases, denies it, and scouts it. His reviewer, in the *Medical Press and Circular*, says:—

"Eczema, known to have a constitutional origin, ought not to be suddenly cured. That eczema very often relieves the system by its appearance, does not admit a doubt. In the young its sudden suppression has been followed by water on the brain, and here the disease had been confined to the head; and in after-life, when the gouty poison is so often mixed up with the eczema, we have known bad effects at once follow the disappearance of the rash. We have seen pemphigus make its appearance, and confined exclusively to the parts where the eczema had been. Violent cramps, too, are not uncommon under similar circumstances; and we have seen most obstinate cough and some forms of dyspepsia also come on. Every one, too, must have known bad effects follow the drying up of what seemed at the moment a very trivial discharge. This subject might be pursued very much further, but such is not called for here; and we would only add that, on this point, of the drying up or curing such a disease as eczema, too much caution cannot be exercised."

Here is an open question, and a very practical one, which we should like to have discussed by some of our readers.

The Prevention of Sea-sickness.

The "Bessemer ship," in which the cabin is suspended in such a manner as to maintain its floor constantly horizontal, was tried on the channel some weeks ago, but failed to prevent nausea and sickness. The difficulty seems to have been that the vertical motion continued.

Dr. Giraldes states, in a recent number of the *Journal de Therapeutique*, that on the advice of American physicians he took chloral in twenty grain doses, with success. This practice, however, ought not to be recommended, on account of the known danger of repeated chloralization. Better bear the nausea.

Small-pox in Siberia.

Among the Tartars, small-pox is as fatal as among our Indians. An observer relates that when the disease attacks a family, all the ties of blood and friendship are broken; often the Tartar, quitting mother, wife, and children, mounts on horseback and flees from his country. When the plague descends on a tent in winter, those it attacks are almost infallibly lost, abandoned as they are, under a light tent, to a cold of more than twenty-five degrees below zero. Sometimes it requires only fifteen days to destroy a whole family. The only remedy they use is hot milk, diluted with water; the sole

preservative is brandy. There are no doctors nor hospitals. There is merely to be mentioned the village of Jardik, on the postal route, with a miserable hospital of fifteen beds. There is, indeed, a medical man attached to the administration of the Kalmucks, far from the centre of the Steppes, at Astrachan; but this doctor's time is always occupied by violent deaths; he has not a moment left for ordinary diseases.

Testing for Chloroform.

E. Rennard describes, in *Pharm. Zeitschrift fur Russland*, quoted in the *Journal of Applied Chemistry*, an interesting case of detecting chloroform in a body which had been dead seven days. About 60 grammes of the liver and intestines, with 120 grammes of blood from the same, were distilled, and 10 c.c. of a perfectly clear distillate obtained. From 3 to 5 c.c. of this liquid were mixed with 2 c.c. of an alcoholic solution of potash and 1 drop of anilin, or some salt of anilin, and the test tube gently warmed by dipping it in hot water. The disgusting and penetrating odor of isonitril was at once observed. This test, which was devised by Prof. A. W. Hofmann, will detect the presence of one six-thousandth part of chloroform, and may be employed where all the usual tests fail.

How to Clothe Children.

Dr. Ulrich, of Bremen, has been giving some advice on this subject lately. He says the clothes must not be narrow across the chest and shoulders, nor too wide over the back; the armholes should be exactly at the sides, and not, as they too often are, far forward; the top button of a boy's jacket is frequently much too tight, and drags down the head and neck, while it raises the back and flattens the chest. It is of the last importance, when measuring a child for clothes, to see that the head is high and the chest full.

On Maternal Impressions.

The latest discussion we have seen on this topic occurred at the Medical Society of London, in November. Dr. R. J. Lee said that the necessity of defining what we mean by maternal impression is the first step towards explaining the manner in which an impression can affect the child. There appear to be certain effects which follow purely emotional disturbances, and others which are the consequences of impressions produced by objects of fear and disgust; while between purely emotional and objective impressions there are a great variety which affect the emotions and the senses simultaneously. Experience proves that the first and last of these classes of impressions are more commonly stated to be causes of various abnormal conditions in the child, and that such effects are exhibited in some deficiency of its intellectual and moral nature rather than in deformity or abnormality of special organs or parts of its body.

On Colloidal Matter.

In a recent lecture Dr. B. W. Richardson maintains that in the body there is only one form of colloidal matter, and that all variations of it known under the different names of fibrine, gelatine, albumen, globuline, caseine, chondrine, are but modifications of the simple colloidal form of matter, induced by combinations between it and water, through the medium of inorganic bases and salines which have affinity for water and fix it in combination. In illustration of this Dr. Richardson showed a number of methods in which he could transform fluid albumen by means of caustic soda. In one instance of this kind he turned out albumen from a little capsule shaped in solid form like a lens; in another experiment he produced a semi-elastic membrane; and in a third he showed a solidified mass, like gelatine. The purest colloid is that which, by perfect dialysis, is freest of the fixing intermediate body, and in which the change of colloid from the soluble into the insoluble pectous form is most easily effected. Fibrine is a colloid in which this separation has been very nearly perfected, and is perhaps the closest approach to the pure form of colloidal matter in the animal body; hence the readiness with which it passes from the soluble into the coagulated or pectous condition.

Atropine in Myopia.

We have received a pamphlet of Dr. Hasker Derby, of Boston, on "Near Sight Treated by Atropia," with eight pages of printed matter, and eight tables, carefully prepared, detailing all the facts in regard to thirty cases.

This is an old idea revived, for as early as our knowledge of the uses of "belladonna," it was employed in the treatment of myopia, and in some instances with success. For while ad-

mitting with Prof. Donders the influence of hereditary predisposition, as well as congenital myopia, there are certain other forms, with an accommodative spasm antedating the organic change, and which are often acquired during school years, or in early life, by individuals manifesting no hereditary predisposition. In some of his cases Dr. Derby employed the solid atropine, in others a solution of (gr.ss, to ʒj) applied daily for six weeks. The following were his conclusions: "That the paralysis of the accommodation by means of atropine persisted in during a period of several weeks, and furthered by rest of eyes, shaded glasses, and in extremely aggravated cases by local bloodletting, offers a reasonable prospect of preventing the progress of the myopia, in some instances of lessening its amount, and in occasional recent and slight cases, of removing it altogether." L. T.

The Physiology of Poetry.

In a late lecture, Dr. Oliver Wendell Holmes says that the natural rate of respiration is from sixteen to twenty-four breaths a minute, twenty being the average. The popularity of the octosyllabic verse is owing to the fact that in being read it follows more exactly than any other the natural rhythm of respiration. Experiments with Scott's, Longfellow's and Tennyson's poetry show that an average of twenty lines will be read in a minute, so that one respiration will suffice for each line. It is so easy of articution, in fact, that it is apt to run into a sort of sing-song. The twelve syllable line of Drayton's Polyolbion is pronounced almost intolerable, on account of "its intensely unphysiological construction." Dr. Holmes' conclusion is, that nothing in poetry or in vocal music is widely popular that is not calculated with strict reference to the respiratory functions.

Effects of Prohibition.

One of the consequences of absolute legal prohibition of intoxicants, successfully carried out, is that it relieves the youth from any effort of self-control, and hence weakens his powers. It would seem some such effect is already noticed. There has been no direct acknowledgment of the failure of the prohibitory law, either in Maine or Massachusetts, but it is a noticeable fact that in the former State there is found to be a necessity for the old forms of public meetings and pledges, to save young men from intemperance, and that in the latter State the people have elected a Legislature which has already abolished the State police, and is pledged to secure a return to the license system.

Diseases of Fowls.

At a late meeting of the Academy of Natural Science, in this city, Dr. John Leidy spoke of the diseased condition of the lungs of two flamingoes which had recently died at the Zoological Garden, and which had been examined by Dr. Chapman. Dr. Leidy had examined certain dark green patches in the tissue, and found them to be due to a microscopic fungus, which has been described by Robin, who had observed the same in the duck, under the name aspergillus nigrescens. In continuation, Dr. Leidy spoke of the fungous diseases of the human body.

Phosphoric Acid in Ergot.

Professor Levi, of the University of Pisa, has just made known, as the result of numerous analytical and experimental researches, that the physiological, therapeutical, and obstetric properties of ergot of rye are due to the presence of phosphoric acid, which it contains in abundance, much more than to its organic principles (like ergotin, ecbalin, etc.), to which until now had been exclusively ascribed all the various actions of the substance.

Tests for Glycerine.

Pure glycerine has a specific gravity of 1.26; is perfectly soluble in water and in alcohol; and heated in a porcelain dish to 150° Cent. burns with a blue flame without emitting the least odor, and without leaving the least stain or deposit on the dish.

Correspondence.

Curious Case of Somnambulism.

Ed. Med. and Surg. Reporter:—

The following curious case of somnambulism occurred in the army several years ago. I obtained the facts from the private journal of a soldier with whom I am personally acquainted, Mr. A. Shockey, of Waynesboro, Franklin county, Pa., and his statements can be relied upon as truthful:—

"Fort Concho, Texas, April 16th, 1868.—Private. James Johnson, of Company G, Seventeenth United States Infantry, confined in the post guard-house, charged with neglect of duty.

The occurrence has caused considerable excitement among the boys in camp this morning. The prisoner's case is a singular one. As I have stated above, the charge preferred is *neglect of duty;* but facts of quite a different nature have come to light. The soldier in question was a member of the guard around the camp, mounted April 15th; was found asleep, walking his beat, last night, between the hours of 12 and 2 o'clock, by Lieutenant Turnock, while making the grand rounds. This soldier was always a reliable man on duty, but on this occasion his presence on his post was a mere blank: he did not challenge the 'rounds,' as customary, but continued walking in his beat, carrying his musket at a right shoulder-shift, apparently unconscious of the presence of the Lieutenant and four men. When within a few paces of the sentinel, the Lieutenant stepped to the front to ascertain the cause of his indifference; saw that his eyes were open, but showed no signs of recognition, nor did he seem to be acting under any impulse whatever. The Lieutenant seized the military somnambulist by the collar, and shook him pretty lively. Instantly the soldier brought his musket to a '*ready*,' and in military style challenged the persons present.

"Strange to say, though the sentinel was asleep, he did not make any mistake in walking to and fro on his beat, which was about six rods in length. Just opposite, at one end, is a small wooden building, and at the other end of the beat a stump.

"April 27th. Trial of James Johnson. Drs. Willman and Sanford called on to examine the prisoner's physical abilities. Reported good. Many witnesses cross-examined, bearing on the prisoner's character and moral habits, the statements made being unfavorable to the prisoner; but his conduct heretofore, as a soldier, excellent.

"April 28th. The prisoner is honorably acquitted and restored to duty in his company, much to the chagrin of several officers on duty in the garrison."

Johnson, according to his own statement, was *dreaming*, while walking his beat, that he was at home in Massachusetts; and was not conscious of anything but his dream, until suddenly awakened by the Lieutenant's shaking him.

The stump indicating the one end of his "beat" was not in a direct line with it, but a little to one side; yet the sleeping sentinel continued to turn at the proper place.

This case being an unusual one, and so well authenticated, I thought it worth the trouble of transcribing an account of it for your pages.

J. C. Burns.

Philadelphia, February 1st, 1875.

[The above case acquires especial interest, (besides its important forensic bearings) as another example of the "automatism of memory," of which so much was made by Professor Huxley in his address last summer. The famous case of the French sergeant, which he quoted, will be found translated in full, from *L'Union Medicale*, in the January number of the Chicago *Journal of Nervous and Mental Disease*. This strange fact of unconscious intelligence is the basis of Hartmann's *Philosophie des Unbewussten*, the Theory of the Unconscious, just now making considerable stir in metaphysics. Ed. Reporter]

Repletion and Depletion; the Influence of Season on Therapeutics.

Ed. Med. and Surg. Reporter:—

We know that on the animal, vegetable and mineral kingdoms the influence of season is plainly marked, and in no less degree is it so with man; we go to the cemetery and get a correct report of deaths, and the season of the year in which we have the greatest mortality. We find that between two periods (from about the middle of February to the middle of April, and the middle of September to the middle of November), constituting about one-third of the year, we have about two-thirds of the deaths that occur during the year. Again, when we investigate closely the human system, we find it between two extremes, one in the spring the other in the fall, corresponding to these two periods of greatest mortality. We find one patient in the spring plethoric, with great arterial tension, and a tendency to inflammation; as if the patient were in a room containing oxygen in excess. In the fall exactly the reverse occurs, with a tendency towards exhaustion. What does this indicate in a therapeutic point of view? Does it not imply that one should deplete in the spring and replete in the fall?

Keeping this idea in view, we should choose such remedies as would contribute to that end. Take a case of pneumonia; in the spring we generally find great vascular action. Then we may safely deplete with the lancet, calomel, active cathartics, etc. But if pneumonia occurs in the fall such a treatment may be dangerous. We should use veratrum in the spring, aconite in the fall, to control febrile action. Remedies which have a tendency to exhaustion should not be given when the patient is already exhausted, and if a cathartic is indicated in the fall it should be a mild one.

I believe that many times what would have otherwise been a simple case of remittent fever has been converted into typhoid fever by the injudicious use of cathartics, and that if this rule were strictly adhered to during the fall of the year typhoid fever would be rare. We should not medicate too much (*natura sanat, medicus morbum curat*). The physician cures, nature heals. This is an old proverb, the full significance of which we are just beginning to appreciate.

We reach the conclusion that although theoretical investigation is a useful auxiliary, yet the only sound basis of therapeutic research is clini-

cal observation. The future progress of therapeutics depends upon the coördination of the two methods. J. N. Day, M.D.

Pilot Grove, Iowa.

News and Miscellany.

Philadelphia County Medical Society.

The next Conversational meeting will be held Wednesday, February 24th, at 8 o'clock P.M. Dr. James H. Hutchinson will read a paper on "The use of the ophthalmoscope as an aid in the diagnosis of cerebral disease." The medical profession in the city are cordially invited.

The Desmoines Valley Medical Association.

At the annual meeting of this Society, at Wapello, Ia., the following officers were elected: S. H. Sawyer, President; W. L. Chamberlain, Vice-President; W. S. Lambert, Assistant Secretary; and Drs. Gutch, Udell, Greenleaf, Olney, Engle and Stevenson, delegates to the American Medical Association.

Personal.

—Dr. James P. Alcorn and his wife, of Alleghany, Pa., died on the same day, January 19, the former of pneumonia, the latter of enteritis.

—Perhaps partly to compensate Dr. Magnan for his prosecution at Norwich for vivisection, the French Academy have awarded him a prize of 2500 francs for the same experiment.

—Mr. J. V. Williamson, of this city, has given $50,000 to endow "free scholarships" in the Women's Medical College of this city, and "free beds" in the Women's Hospital attached to that institution.

—Dr. John H. Gihon died in Shreveport, Louisiana, January 13th. At first a Universalist minister, then an active Native American politician, later a physician, and the first postmaster and alcalde of San Francisco in 1849; next, private secretary to Governor Geary in Kansas and Pennsylvania, surgeon to the Lazaretto, Philadelphia, practitioner in Louisiana, he led a singularly changeful life. He wrote "Life of Governor Geary," "Annals of San Francisco," etc.

Items.

—On p. 134, first column, eleventh line from bottom, for "membrane" read "manubrium."

—The German Hospital, of this city, is approaching completion. It will accommodate 130 patients.

—Dr. Snow, Registrar of Providence, says:—"The average temperature of the month of January was extremely cold, and from that cause, to some extent, probably, the mortality from diseases of the lungs was extremely large. The number of deaths from inflammation of the lungs was larger than ever before known in a single month in Providence."

—Dr. Glenn, the largest farmer in California, sold his last year's crop of grain for nearly half a million dollars, gold coin.

—An English physician proposes to send medicines, by mail, to the sick poor throughout England, from a central dispensary in London.

—A Canadian paper mentions the death of a centenarian, Joseph Hyndman, a native of Argyleshire, Scotland, who died at Fingal, Ontario, on the 7th inst., aged 105 years.

—A new form of Boston charity is "diet kitchens." The food is given only to the sick poor, and tickets are distributed by the dispensary physicians.

QUERIES AND REPLIES.

Frost Fish.

Dr. A. D. B., of Pa.—This fish, the tom cod, *Morrhua pruinosa*, derives its name from reaching the coast of Maine with the first frost. It *stiffens* when drawn from the water, but certainly not from the cold.

Vaccinola.

Dr. J. K., of Ohio.—This name (not found in the last edition of Dunglison's *Dictionary*) is applied by some German writers to an eruption which occasionally follows vaccination. It differs, as we understand it, from spurious cow-pox, *vaccinolæ*.

Dr. M. H. G., of Ills.—You will find Crede's method of placental delivery fully set forth in the Reporter, Vol. xxx, p. 442.

Dr. W. T.—We can have the Reporter bound for you, for $1.00 per volume.

MARRIAGES.

Brown—Hoke.—By the Rev. J. M. Brown, Jan. 13th, 1875, W. A. Brown, M.D., and Miss Mollie C. Hoke, daughter of M. A. and O. C. Hoke, all of Reif's Bluff, Ark.

Bruen—Ingels.—At Lexington, Ky., on the 14th of January, Dr. Edward T. Bruen, of Philadelphia, and Florence L. Ingels, of the former place.

Mosser—Baughman.—On Thursday, January 28th, at the Protestant Episcopal Church of the Incarnation, Philadelphia, by the Rev. Joseph D. Newlin, E. Neff Mosser, M. D., of Mechanicsburg, Pa., and Miss Bettie B. Baughman, of this city.

Shelley—Herr.—At Port Royal, Pa., by the Rev. J. H. Stewart, A. W. Shelley, M. D., and Annie M. Herr, both of Port Royal.

Singley—Bowman.—In Philadelphia, on the 4th inst., by Friends' ceremony, Dr. W. L. Singley, of Salem, New Jersey, and Fannie Bowman, of Byberry, Pa.

DEATHS.

Dawson.—Dr. M. Dawson, at Lancaster, Ohio, on the 20th ult.

Gebler.—On the 19th of January, Charles F. Gebler, M. D., in the 74th year of his age.

Marselis.—Dr. I. N. Marselis, of Philadelphia, February 7th, aged 74.

Owens.—Dr. W. Owens, of Lynchburg, Va., on the 22d ult., 88 years of age.

Smart.—In Concord, N. H., January 12th, Dr. William H. Smart, aged 64 years, 9 months.

THE

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Original Department.

Communications.

INDICATIONS FROM THE RAPID AND RETARDED COOLING OF THE CADAVER.

BY T. D. CROTHERS, M.D.,
Of Albany, N. Y.

[Read before the Albany County Medical Society.]

A lady from a distant part of the State came to this city to be treated for some dropsical affection. A few days after she died very sud denly, and the immediate cause of death was not understood.

The body was laid out in a cold room, with the usual covering of sheet and shroud. Ten hours later the warmth of the cadaver aroused suspicions of life, and I was sent for to attempt resuscitation. The body was nearly of the warmth of life, in a room of the temperature of 64°. Faint marks of discoloration had begun along the neck and axillary regions. The absence of all other indications forbade interference, and another physician was called. Effort was made with a battery and other appliances, which proved futile, and nearly thirty hours elapsed before the body became cold.

A drunken man, of full, plethoric habits, fell from a stoop and broke his neck, and when I saw him, about twenty minutes later, coldness and rigidity had become complete.

These two cases are presented as examples, frequently occurring, and often taxing the science and skill of the physician to the utmost to give satisfactory explanation to a jury or to friends. Continued heat in the cadaver always creates suspicions of life, and the physician is the sole arbitrator. A grouping of some of the facts and indications which have been noticed in these post-mortem changes, may be of interest, if not altogether new.

Beginning with the well known fact that living bodies retain a certain degree of temperature, subject to slight variations, in all extremes of heat and cold, climate and season, controlled by physiological and psychological laws, we come to the cadaver, where other and opposite conditions, purely physical, exist. The body has lost its physiological vital forces, and become a mass of matter changing with the surroundings, radiating heat and cold as freely as other substances. The event of death inaugurates new conditions and circumstances, marked by coldness, immobility and frigidity.

The gradual cooling of the body from the death point, extending over a period of from six to eight hours, is a physiological fact very commonly observed. But the sudden withdrawal of temperature, immediately after death, and in many cases before, or the continuance of warmth after dissolution, from ten to forty hours, often several degrees higher than in health, are exceptions, so marked as to indicate the presence of some chemico-physiological laws which we are yet to discover. Physiologically the slaughter house furnishes many significant facts. Animals are usually killed from six to fourteen hours before offered for sale; depending upon the season, and the rapidity with which they can be cooled. Should meat be wanted in an emergency, the leanest animals, and those fasting for twenty-four hours, are selected, because they are found to cool most

rapidly. Animals that are very fat must be bled thoroughly, and require much time to cool. Also animals that are killed suddenly and without excitement cool sooner than those which become alarmed and excited before death. The more quiet and sudden death comes, the quicker the cooling. These facts may be stated, viz: That lean bodies, thoroughly drained of blood, dying suddenly, cool most rapidly. Plethoric, over fed animals, killed slowly, bled imperfectly, retain heat a long time. It has been observed that sudden and violent hemorrhages often lower the temperature of the body before death, so much so, that life is supposed to be extinct in advance of the real event. Certain chemicals and remedies have the same effect, particularly the cyanides, oxalic acid, the bichloride of mercury, etc.

Here the sudden lowering of temperature gives no perceptible interval between death and the extreme coldness which follows. The surroundings influence the temperature of the cadaver. If the body rest upon, or be covered by non-conducting substances, such as feather beds, woolen blankets, the natural heat will be retained a long time. In an instance under my care, a body was kept nearly thirty hours between two beds of feathers, because its warmth excited suspicions of life. The heat of the room ranged about 70°, and it was evident that the covering and warmth caused this long continued heat. If the heat of the room be high, the normal cooling will be delayed, but if it be very low, it will be hastened.

The temperature of every body naturally falls to a level with the surroundings, but seldom or never raises with the air, unless from active decomposition.

The usual level to which a cadaver falls is about 50°; this may occur when the surroundings are eight or ten degrees higher. The rate of cooling, although influenced by the exposure or non-exposure, is generally alike in all climates. The condition of the body before death also determines the rate of cooling.

No bodies are alike in temperature or conditions of heat or cold, arising from excess or deficiency of clothing, or degree of nourishment. The circulation differs in rapidity and force, also the quality of food is variable, and all of these changes influence the temperature during life, and in some unknown way are manifest after death.

A corpulent cadaver has been noted to cool slowly, and a thin, spare one rapidly. These differences are very prominent in many cases, but from the frequent exceptions cannot be regarded as fixed rules. The temperature is frequently alike before and after death in the collapse of cholera, and it has often been noticed to go down several degrees lower than the surroundings. Also in cases of yellow fever, after a period of great coldness preceding and following death, reaction has taken place, and the body become extremely warm again. This reaction from a low condition of coldness at death to one of great warmth after death has been noticed in many cases in warm climates. Low condition of heat before death has been noticed in anæmia, anasarca, diabetes, uræmia, malaria, and often in cyanosis.

In the young and very old, the cooling of the cadaver is more rapid. When death takes place from natural causes, the decline of heat is so gradual that dissolution makes no change in the temperature. In some conditions of childhood, where the blood is diverted from its natural course, the same condition follows.

In typhoid fever, where the heat of the blood is high, ranging from 110° and upward, the cooling is slow. In these cases the heat has been retained fifteen to twenty hours after death. Occasionally the body has been noticed, while warm, to exhibit a red flush, and a coloration, closely resembling life, due to the oxydation of blood remaining in the wide capillaries. The oxygen forcing its way through the tissue, unites with the carbon of the blood, and from it may come a certain amount of heat. Instances are noted where motion, combined with heat and redness, is present. This is ascribed to the influence of light, and the escape of gases, and electrical phenomena, generally.

A case came under my observation, where the body was laid out in an open shed, partially exposed to the sun, for several hours. The natural warmth and color remained, and muscular twitchings, with uneasy movements, were observed. They seemed to pass over the body in wave-like motions, each muscle moving from right to left, or contracting upon itself.

These phenomena lasted for two or three hours, then gave way to all the natural post-mortem signs.

The hand is not a good test of the heat or cold of a cadaver, because liable to variations in different observers. An ordinary skin thermometer should always be used. The mode of

death has also an influence over the post-mortem temperature.

Death from fibrinous obstruction of the heart, or pulmonary arteries, or obstruction of the cerebral circulation, is frequently followed by rapid cooling.

Sudden effusion in different parts of the body, where the blood is not lost, only concentrated in some locality, has been diagnosed by the rapid cooling, in many instances. Death from lightning, and sudden and violent injuries of the nervous system, is often followed by rapid cooling. Some cases have been noted where the temperature rose, during a post-mortem dissection, three or four degrees in different organs. It has been asserted that death from fevers that are violent and intense is followed by delayed cooling of the body.

Inebriates who die in a condition of alcoholism, are noted for slow cooling. Many cases of tuberculosis are marked for the extremes of delayed heat, and sudden cooling. Cerebro-spinal meningitis, small-pox, have each presented several noted examples; showing that this condition is not confined to any particular class of disease. It has been asserted that death in hot climates, of persons unacclimated, favors such a condition; also death in cold climates, of unacclimated persons, encourages the opposite condition. The variations in both condition and circumstances, show that further observation is necessary to determine any general law which will explain these post-mortem changes. It would also appear that there are certain physiological conditions and laws which depend largely upon the factors we have mentioned.

The first question which follows medico-legally, is, how far may the rapid or retarded cooling of the body indicate the time of death, or any circumstance connected with it?

In a murder trial, in England, a few years ago, the conviction turned on the theory that a body could not become cold in three hours. The murderer was found three hours' journey away, and the victim warm. He plead innocence, but was convicted and sentenced to death. Subsequently medical testimony showed that the cooling of the cadaver was uncertain, and he was sent to Australia for life.

A case occurring in this State presented a similar question. An old man, of quarrelsome disposition and drunken habits, a farmer by occupation, went out early one morning to cut grass, in a field back from the public road. His son, a man grown, of violent temper, also drunken, accompanied him.

They were both in good spirits, and had with them a jug of liquor. They left the house at 6 A. M. At 9.25 A. M. the son was seen two miles away, at the railroad depot, taking the cars for a distant city, and subsequently, no further trace could be had of him. At nine the next morning the body of the old man was found in the field, dead; the occiput was fractured, as if he had fallen violently backward on a sharp stone, that lay near. The body was quite warm, with no other marks of injury. The day and evening had been warm, and the body lay protected from the wind by trees, and a high hill.

A coroner's jury, on the testimony of three physicians, and other circumstances, found death to come from accidental and unknown causes.

The physicians testified that death must have taken place after midnight, and probably near morning, based on the warmth of the body, and its post-mortem appearances, of which internal heat was most prominent.

The question of the son's complicity with the crime was disposed of on the ground that the surroundings showed death to be sudden, and the time from the son's departure from the field until the body was found (fully twenty-four hours), would have caused thorough cooling of the body, had death taken place then. But the high heat of the body was conclusive to them of death at a much later period. This concluded the case, but the probability of the son's guilt and the error of the medical testimony were very great. The heat of the surroundings, and the mode of death, all favored the long duration of heat, which might have continued thirty hours or more.

A case involving the same question is reported in an English paper.

An eccentric farmer willed his property to his eldest son, an invalid, in such a way, that if he died before January, 1873, the daughter was to succeed him in the property; but if he lived after that time, the youngest son was to inherit the property. In the afternoon of the first day of January, 1873, he was found dead in the bed, but quite warm. He lived alone, and was observed to go home from the public house at nine P. M., the evening before, complaining of feeling very ill. Examination

showed a valvular degeneration, and fibrinous clot of the heart as the cause of death.

The appearance of the room indicated that he had retired soon after coming home, pulling off his boots and getting into bed undressed, and the bed indicated death at once, from its undisturbed condition.

The question of the time of death involved many thousand pounds, and came into the Courts, resolving itself as follows:—

The evidence of death after midnight was based on the warmth of the body, and absence of discoloration; and the evidence of death before midnight depended on the unruffled condition of the bed, and the marks of haste on retiring. His boots, covered with mud, showed that he had walked directly to the bed, and put them off, and not tramped round the room. To explain the continued warmth, the body was covered with thick quilts, and the head drawn down in the pillow, causing radiation to go on slowly, and the room was warm.

It was finally determined that death took place after midnight. This was undoubtedly an error, which all the physical and physiological circumstances indicated. The presence of warmth and absence of discoloration are unreliable, compared with a connected chain of circumstances.

An officer in the United States army related to me an incident further illustrative. A large company of cavalry, crossing the plains, found the body of a noted scout, dead and quite warm. The day was cold, and the body seemed to be recently shot. The company halted, and spent ten hours in close search for the capture of the murderer, but failed. From all appearance not more than one hour had elapsed since the tragedy, and how the murderer could escape was a mystery. A year later, a desperado confessed the crime, which was committed over twelve hours before the time of discovery by the soldiers; explaining the reason for the failure to capture him. The body had retained its heat during this time, although it was a cold October day.

The body of a woman, very cold, was picked up near the railroad (in the valley of the Mohawk), with evidence of death from her own or other hands.

The evidence of this woman being seen two miles away (from where the body was found), an hour before, was rejected by the coroner (who was a physician), as impossible, because the time would be too short to allow the body to become cooled. He affirming that the cadaver could not cool completely in less than five or six hours.

These examples might be multiplied almost indefinitely from daily experience, and indicate the uncertainty which exists among physicians on this subject. No rule can be laid down as an answer to this question, but each case must be studied separately, and from the combination of circumstances which surround it.

This uncertainty of views about the cooling of the cadaver, has suggested another question, about which frequently gathers bitter reflections among the friends of the deceased, viz:— How far is unusual warmth after death evidence of vitality?

The case of Prof. Dieffenbach, of Berlin, whose body retained heat many hours after death, and was supposed to have vitality, became the subject of a bitter discussion. In a certain western city, a prominent physician died suddenly; the body continued warm, and life was thought to be present. Two strongly rival physicians, after several examinations, declared life extinct, and refused to make any further exertions. Some months after, a rich banker became unconscious, and was said to be dead; under the active ministrations of these two physicians, he was resuscitated, and became well again. The friends of the doctor whose body continued warm so long were now convinced that had the same efforts been made for him, life would have been restored, and that professional prejudice had been the prominent motive in refusing to do anything more. Probably this feeling was fostered by other physicians, but, as a result, both of these men lost their practice, and were forced to move away.

A London newspaper contains a curious case of a titled lady, found dead in the bed; her body was so warm that the friends would not permit anything to be done for two days.

The authorities interfered, and ordered a medical examination, which the surgeon delayed a day longer. The heat of the body continuing, a post-mortem was conducted, against the violent opposition of friends. The cooling followed rapidly after, and the friends affirmed that death was caused by or followed the surgeon's knife. After a sharp newspaper war, the matter was referred to a referee, who decided against the surgeon.

Careful examination of many thousand cada-

vers, convinced Dr. Wilks, of Guy's Hospital, that continued warmth as evidence of suspended vitality, does not occur more than once in a hundred thousand cases.

Among the theories explaining the causes, we may mention that of Dr. Dawler, who believes this rise of temperature to be owing to the formative process of putrefaction following death, and preceding rigidity. He also considered it more common in warm climates, and in cases of yellow fever.

Drs. Wilks and Taylor, of Guy's Hospital, assert that warmth comes on independent of putrefaction, and seldom follows the changes of circulation or great loss of blood, and that it is an independent action. Vallentine calls this post-mortem heat, and affirms that it is common to all cadavers, only noticeable in the extreme cases. Other authorities assume that it is owing to a mineral condition of the body, and these extreme cases can all be found in sections where minerals pervade the soil and water.

Other writers call these changes degrees of molecular death. In the sudden cooling this takes place at once, and in the retarded, or continued heat, very slowly. The conclusion medico-legally would be that these changes of the cadaver can only throw light on the manner and cause of death, when other facts, both positive and circumstantial, confirm or strengthen their indications.

Each case must be studied alone. In these facts mentioned, we have evidently links in the chain of some great laws controlling these post-mortem changes.

Dr. Richardson* has grouped some conclusions which express very clearly the main facts of this subject. I shall condense some of them:

1. If the cadaver becomes so with full blood vessels, and unaffected by the mode of death, the cooling will be generally complete in ten or fifteen hours.

2. If the cadaver becomes so from direct loss of blood, the cooling, to a level with the surroundings, will be rapid within two hours.

3. If from collapse, or sudden or profuse exudation, the cooling will be complete within two hours. The many exceptions to these rules show that they are only comparatively true, and each case must be determined from its particular history.

4. If death takes place from obstruction to the circulation, or from fibrinous deposits, the same condition will follow in two hours.

5. The heat of the body may sink to that of the surrounding medium before death, and no further change be visible.

6. The body sinks in temperature to a medium of the surroundings, and may go lower, but never rises, unless from changes of putrefaction.

7. The form of death, with the age and corporeal condition, are prominent factors to be considered always.

To this summary, I would add some conclusions on its medico-legal relations:—

1. When a body is found, the temperature may throw light on its history by comparison with the heat of the surroundings.

2. If the heat of the body should be below the air, the inference is that the present temperature was that of the air when the cooling was completed, and that the air has since warmed.

3. In all of these cases a post-mortem should be sought, also a careful inquiry made in all the history of the case.

4. These cases always indicate a peculiar chemico-physiological action, and seldom or never show the presence of life in a suspended form.

5. Neither warmth nor coldness must be trusted as an absolute symptom of any particular pathological condition before death, or as indicating any circumstance of the manner, mode, or time of death.

*See *Medical Critic and Psychological Journal*, 1863.

THE ACTION OF ERGOT.

BY B. P. REESE, M. D.,
Of Staunton, West Virginia.

Having for some time been impressed with the singular effects of ergot administered at different periods, being to all appearances contrary oftentimes to what we are taught in our text-books, I have concluded to advance an idea which may, to many, seem groundless and subject to criticism, but if it should be the means of bringing to my mind a more satisfactory solution of the problem, from some one more competent, of the true "modus operandi" of this valuable remedy, I shall feel myself fully compensated.

I think it was about the year 1807, that a Dr. Stearns, of Saratoga county, revived professional attention to its medicinal virtues, and more recently it has excited in the minds of the profession an interest, the results of which have

been varied and discrepant. Modern investigation and experience have shown that it possesses an elective affinity for the *involuntary* or *unstriped* muscular fibre wherever this is found. The uterus being constituted principally of this variety of muscular tissue, it is my purpose to confine myself more especially to its effects upon this organ, as it is here I have found those peculiar contradictions of what has been the preconceived opinion of the profession. It would be useless to enter into a description of the anatomy of this organ, as I presume those who feel sufficient interest to read this article are acquainted with its anatomical construction. We know it to be composed of circular and longitudinal fibres, both of which are made up of the unstriped muscular fibre, and yet, from some cause, which I do not propose to discuss, nor do I pretend to understand, but am fully persuaded from experience and observation, ergot has a peculiar elective affinity for the longitudinal fibres.

I am not unmindful of the fact that Meadows has undertaken to prove that uterine contractions begin in the fundus, while various others express different views, claiming they begin in the cervix; also that the longitudinal fibres of the uterus, of the middle coat, are confined almost entirely to the cervix. But finding oftentimes the hour-glass contraction after birth giving evidence there must be a circular contraction independent or stronger than a longitudinal, and reasoning from analogy, one might expect them to impede the expulsive effort, at the same time produce violent pains. To sustain my hypothesis, by way of illustration, I will give some experience which first attracted my attention in this direction. On several occasions I have been called to visit cases of threatened abortion or miscarriage, attended with severe pains, hemorrhage, and all the symptoms of unavoidable miscarriage. Upon the administration of ergot, to aid nature in her efforts to expel the fœtus, to my surprise all unfavorable symptoms would subside, and the patient, without further trouble, go to full term and be delivered of a healthy child. Some time since I attended a lady in labor, who, to all appearances, before examination, I thought in active labor, but upon digital examination there was no evidence of labor manifest. She remained in this state for several weeks, begging for ergot at each of my visits, until finally, after using every other means, as a "dernier resort," I commenced giving fluid extract ergot judiciously, watching its effects. As soon as she had taken sufficient quantity to have any effect, natural labor set in, and in less than twelve hours from the first dose she was delivered of a living child, which is now twelve months old, a fine and healthy daughter.

With these illustrations I propose now to give my idea of its effects in these cases, and I believe in all similar cases when administered for any such purpose. The pains in threatened abortion or miscarriage, or in such cases as above mentioned, I believe to be produced solely by the contraction of the circular fibres, and that labor or miscarriage will never take place until the *longitudinal** or antagonistic muscles become in active operation. In case of threatened abortion, when the pains are severe, with hemorrhage, the result of partial detachment of placenta, I believe the ergot has a tendency to equalize the muscular contractions, thereby causing pains to cease and arresting hemorrhage. The uterus becoming quiet, the mother is relieved of one of the most trying dangers to her future health. But should the quantity given be sufficient to bring these muscles into action beyond the controlling influence of the circular muscles, then inevitably will the contents of the uterus be emptied. Should this theory prove to be correct, then we have at our command a remedy which, if carefully and judiciously administered, must prove a boon to the profession.

It yet remains for us to discover what given quantity in each individual case will have this equalizing effect. In my opinion, this can only be done by careful administration and watching the effects of each dose, as we find in this, as in all other remedies, different patients are more or less susceptible.

INJURY OF THE FACE.

BY J. S. THURMAN, M.D.,
Of Cedarville, Mo.

I am prompted to report the following case, on account of its rarity in country practice. In Southwest Missouri physicians seldom meet with cases requiring immediate surgical appliances.

I was called in great haste, on the 5th of January last, to see Elois Acock, aged twenty-

* The term *longitudinal muscles* is not used in its strict anatomical construction, as they are confined principally to the cervix, but is meant to be implied in correspondence with the longitudinal and transverse axes of the uterus.

four years. On my arrival I found him lying on the floor in a semi-conscious state, with copious hemorrhage flowing from the mouth and nose. I learned, upon inquiry, that he was passing near the heels of a horse, and slapped it with his hand, at which the animal became frightened, and kicked with all its force, striking patient on the right side of the superior maxillary bone and mouth. I found, upon examination, the upper jaw to be fractured, in a line commencing just behind the last molar tooth, and passing across the malar process to the lateral boundary of the anterior nares, and then down between the canine and incisor teeth. On manipulation of the left side of the upper jaw, I detected mobility and crepitation, but was unable to determine the line of fracture; apparently all the bones of the face were detached and the soft parts terribly contused.

The swelling soon closed his eyes; then he was a horrible looking object. There was a gash cut in the lower lip, I presume by the shoe of the horse, three-fourths of an inch in length. Reaction came on in three or four hours. The hemorrhage was soon controlled by the application of cold water. Several small spicula of detached bone were removed with dressing forceps. The fractured part was then adjusted by introducing my finger into his mouth and placing and holding the detached portion until a cork was placed between the first molars on each side, and the lower jaw brought firmly up, which held the cork in its place; a bandage was then applied, such as is used in fracture of the inferior maxillary. The gash in the lip had previously been united with sutures; the other bones were replaced as far as possible. Patient was then placed in bed, the mouth and nose ordered washed with solution of carbolic acid four times per day, and fluid nourishment. The first twenty-four hours patient was very restless, after which he became more quiet and rested well. I removed the bandage on the 14th day, and found union perfect. Some discharge from nose. Continued carbolic acid solution to the nose. Four weeks after, I saw the patient at my office; there was no discharge from the nose and he said he was satisfied with his jaw, but should have been glad of a few more teeth.

—Dr. Pettigrew, of Edinburgh, has received a prize from the French Academy of Sciences, for his work on the muscular system of the Bladder and Prostate.

Hospital Reports.

PENNSYLVANIA HOSPITAL.

SERVICE OF DR. R. J. LEVIS.

Reported by Dr. John B. Roberts.

Anal Fistule and its Treatment.

This man complains of some trouble in the anal region, and upon examination two openings are seen upon the integument, near the orifice of the anus; upon the introduction of a probe, it is discovered that they are sinuses leading in the direction of the rectum. The forefinger of the left hand, passed into the bowel, feels the point of the probe as it is pushed through the sinus into the gut, showing that the patient is suffering from complete anal fistule.

The term anal fistule, or fistula in ano as it is frequently denominated, is a fistulous tract in the ischio-rectal space, generally extending from the integument in the vicinity of the anus into the cavity of the rectum. The affection, though very common, and occurring with more or less frequency at all periods of life, is not so generally comprehended as its importance and comparatively easy cure would indicate. It is the result of an abscess in the ischio-rectal region, which does not heal, but leaves a long fistulous tract, communicating with the bowel; which discharges a thin purulent fluid, and allows the passage of flatus and fecal matter.

The reason that abscess in this particular locality does not heal is associated with the continued motion of the part, as the levator and sphincter ani muscles indirectly, though actively, resist the pressure of the diaphragm, and the muscles of the anterior abdominal parietes; and, moreover, the distending act of defecation, with the incessant escape of irritating gaseous and fecal discharges from the rectum, must keep up an irritation that prevents healing.

There have been described as varieties of anal fistule, the complete, having both an external and an internal opening, and the incomplete, with only an external or an internal orifice; but it is exceedingly probable that if sufficient care be taken in examination, nearly all fistules will be found to form a continuous passage from the rectum to the integumentary surface.

It is a disputed point whether the origin of the trouble is situated in the bowel, or in the fatty tissue between the gut and the tuberosities of the ischium; that is, whether the ordinary cause of anal fistule is internal or external to the rectum. Brodie believed that foreign material became impacted in the folds of the mucous membrane lining the bowel, and causing ulceration and perforation, gave rise to an abscess in the surrounding tissues, which finally opened on the surface of the buttock; and that the fistulous tract thus formed did not heal, on account of the presence of fecal matter along

its course. Syme, of Edinburgh, on the other hand, taught that fistule of the anus was due to the occurrence of an abscess external to the rectum, which, perforating the walls of this tube, completed the fistulous tract. Dr. Levis believes, with the former authority, that the cause of the affection is nearly always to be found within the bowel, for abscesses in this region, if opened, always give a fecal odor, showing a communication with the rectum.

It is exceedingly important for the surgeon to know where to look for the internal orifice of an anal fistule, for ignorance in this regard may give rise to great errors in treatment. The aperture is seldom, if ever, more than a half, or one inch above the verge of the anus; and this is true, even when the abscess extends far upward along the bowel. Moreover, there is usually but one opening into the rectum, although the surface of the buttock may show a number of ragged looking orifices; these generally communicate beneath the skin, and have a common aperture internally.

If after an abscess, there is tenderness and swelling about the anal aperture, with slight discharge, the existence of anal fistule may be suspected, but examination is the only means of determining the fact with certainty. A probe is passed through the opening in the skin, and the index finger of the left hand is placed in the rectum to guide the instrument to the internal orifice, which is felt as a little depression with slight surrounding hardness, just within the sphincter.

The internal orifice may, by careful exploration with the finger, nearly always be found; but if the surgeon should fail to detect it, and if the probe does not readily pass along the fistulous tract so as to reach the cavity of the rectum, the following simple expedient may determine the completeness of the fistule:—Fill an ordinary small syringe with any decidedly colored fluid, as ink, or milk, or tincture of iodine, and inject it through the external opening of the fistule, so that it shall appear at the orifice in the rectum; by using at the same time a rectal speculum, or merely observing the staining of the introduced finger, it will be conclusively shown that the injected fluid has entered the rectum. Dr. Levis thinks that there are few cases in which this experiment will fail to demonstrate the existence of an internal orifice.

As the motion of the sphincter ani, which occurs with every act of respiration, prevents healing, the treatment consists in cutting through this muscle and allowing the granulating process to take place from the bottom of the wound.

The knife or ligature may be used, as the surgeon deems proper. The most expeditious method is to push a director through the sinus and bring the point out at the anus; then to carry a bistoury along the groove and divide the tissues, as it is now done in the present instance. Although there are two external openings here, there is only one internal, and therefore a single cut into the rectum is sufficient; but both sinusus shall be laid open externally, to allow healing from the bottom. After the division of the structures, it is well to touch the parts with some caustic material, or even to pare off the edges. The wound is now plugged with lint, saturated with carbolized oil, which will arrest hemorrhage and keep the parts open, so that granulations may arise from the lower part of the wound.

If the internal orifice is not found in this operation there is very apt to be a recurrence of the difficulty; sometimes, however, when no aperture can be discovered, the probe may be forced through the thinnest part of the rectum.

In cases of tuberculous disease of the lung, where there has been for a series of years a drain in the perineum from a fistulous tract, it may be ill advised to attempt a radical cure, lest the condition of the pulmonary parenchyma, already diseased, be imperiled.

The patient shall now, after this operation, be placed in bed under the influence of anodyne remedies, and care shall be taken to have the wound dressed daily.

* * * * * * * * * *

The man, one week subsequently, was in good condition and doing well, although there was a tendency to erysipelatous inflammation about the wound, which was being treated on general principles.

Medical Societies.

NEW YORK STATE MEDICAL SOCIETY, SIXTY-NINTH ANNUAL MEETING.

Reported by T. D. Crothers, M. D., for the Medical and Surgical Reporter.

Albany, N. Y., Feb. 2d, 3d, and 4th, 1875.

Dr. Geo. G. Fisher, of Sing Sing, President, presided.

The inaugural address contained many valuable suggestions on the management of the Society, its time of meeting, etc.

Numerous papers were presented and read in full or by title, of which the following are the more noteworthy:—

Dr. E. R. Squibb, of Kings, read one, entitled "A Note on Salicylic Acid," and exhibited specimens. It was an epitome of the uses to which salicylic acid had lately been found particularly applicable, of which old ulcers and unhealthy granulating wounds seem to be most benefited. Late researches have shown that this is a most valuable addition to the list of useful remedies.

Dr. John P. Grey, of Utica, read a paper on Late Researches into the Pathological Changes Occurring in Insanity. Illustrating the microscopical appearances, through plates and a magic lantern.

Prof. Lewis Elsberg, of New York, followed with a lecture on "Acoustics," which was illustrated by very interesting experiments.

On Wednesday morning, after the usual open-

ing business, Dr. Dalton, of the New York County Medical Society, addressed the Society on the subject of experimentation on animals for physiological and scientific purposes. He said that eight years ago, Mr. Henry Bergh, of New York, commenced, in a series of newspaper articles, an onslaught on the practice, and it was subsequently followed up by the introduction of a bill in the Legislature for the organization of the Society for the Prevention of Cruelty to Animals. The Medical Society, in 1867, had memorialized the Legislature and procured a modification of this bill, so that experimentation on animals in the interests of science had been continued. Last summer, however, Mr. Bergh had renewed his attacks on the practice, as before, in a series of newspaper articles, published in the New York *Evening Post*, and his evident object was to place the Society under the control of himself and agents. The speaker then referred to the importance of the practice in determining the nature of various diseases, and the favorable results that have been realized, and urged that the Society take some action reaffirming the action of the Medical Society in 1867. With this object in view he offered the following:—

WHEREAS, A renewed attempt has been made during the past year to excite in the public mind a prejudice against the practice of experimentation on animals for medical and scientific purposes; and

WHEREAS, Intimations have been publicly held out that the Legislature will be applied to for power to suppress or interfere with experiments of this nature, notwithstanding that such interference is expressly forbidden by the existing law, and in opposition to the declared sense of the medical profession; therefore

Resolved, That this Society hereby reiterates the opinions and conclusions on this subject embodied in its memorial to the Legislature, adopted February 7th, 1867, and reaffirms its conviction of the usefulness and propriety of experimentation on animals; also

Resolved, That the President of the Society be instructed, if it should become necessary, to transmit a certified copy of this preamble and resolutions to the two branches of the Legislature and to the Governor of the State of New York.

This preamble and resolution, after discussion by Drs. B. F. Sherman and Squibb, were then adopted.

Dr. Thomas F. Rochester, from the Committee on Prize Essays, reported that but two competitive papers had been received for the Merritt H. Cash prize on the designated subject for 1875, viz: "School Hygiene in reference to the Physiological Relations of Age and Sex to Mental and Physical Education." One of these had the motto, "The quality of the brain is the key to human knowledge," and was a good practical common sense article, well worthy of publication. The other bore the motto "Salus populi—suprema lex," a scholarly and philosophical essay, for which the prize was awarded to Alexander Hutchins, A. M., M. D., of No. 796 De Kalb avenue, Brooklyn. No essays were received for the Brinsmade prize. The report was adopted.

Dr. Mary Putnam Jacobi, of the New York County Medical Society, read a paper on "The Nitrate of Silver on the Epithelial and Gland Cells," accompanied by microscopic preparations. This was a remarkable contribution to the novel, bold surgery of this subject.

The Doctor affirmed her strong belief in the practical utility of this operation for fibroid tumors.

Dr. Fessenden N. Otis, of the New York Academy of Medicine, read a paper on "Stricture of the Male Urethra; its Radical Cure." Dr. Otis asserted that a radical cure was practically possible in every case. The mistake made was in not estimating the natural calibre of the urethra. If this be carefully studied, and the treatment based on it, a cure will follow.

Dr. Frank H. Hamilton addressed the Society upon the "Uses of Hot Water in Surgery." Dr. Hamilton stated that it was not known until within a short period that water could be used in surgical operations at a temperature above that of the natural heat of the human body. The speaker, during his remarks, referred to cases which had come under his observation at St. Francis Hospital, New York city, where water was used at a temperature of 98° to 110° with complete success.

Numerous other scientific contributions were submitted, and outside of business hours the Society was hospitably entertained by the Governor and citizens. This session of the Society was noted, not only for the many original and scientific papers read, but also for the absence of hackneyed discussions on unsettled questions in medicine.

Papers by Drs. J. Marion Sims and Emmet, of New York, with the remarks of Drs. E. R. Peaslee, of New York, and E. M. Moore, of Rochester, brought out important and original facts; coming from these Nestors in the profession, they were recognized as the latest deductions of science. Mrs. Dr. Jacobi's paper was one of great research, containing some original experiments, which, although not yet complete, give promise of great advance in our present knowledge of this substance, and its effects on living tissue.

Dr. Squibb's paper excited much interest and comment. Dr. Castle announced that a German chemist, in Berlin, could furnish salicylic acid at two dollars per pound. Few cases have been reported in this country, but in Germany much enthusiasm exists about its value as a disinfectant and curative in many diseases.

Dr. T. N. Otis' (of New York) paper on "Stricture of the Urethra, its radical cure," was regarded the most startling advance in this field. And as Dr. Hutchinson, of Brooklyn, remarked in his comments on the paper, "If further observation shall confirm these views, Dr. Otis has made a contribution which will revolutionize the surgery of this affection."

Dr. Otis cited cases under his observation for three years, which were cured, and discussed the subject so clearly and forcibly, as to convince his entire audience.

Dr. Grey's paper was also noted for its patient, careful research, and very excellent plan of showing the microscopical results, to the entire satisfaction of every hearer.

Dr. Frank Hamilton, in his observations on the use of warm water as a dressing in surgery, commended it very highly, and concluded that many of the worst complications following injuries of the extremities, might be averted by this dressing.

Dr. Bell, the chairman of the Committee of Hygiene, read a very valuable report, which is to be published with a State map, showing the hygienic condition and survey, by counties, of the State. This will be the first of the kind ever published. This Society has taken a good step forward in publishing its own transactions, and thus providing for a more general distribution of the volume containing these papers.

The large attendance, of over three hundred physicians, from all parts of the State, shows the intelligent interest with which this meeting is regarded.

Editorial Department.

Periscope.

A New Means of Restoring Suspended Animation.

In the London *Medical Times and Gazette*, Dr. H. B. Clarke, of Massachusetts, speaks of a case wherein the patient was apparently restored from a state of suspended animation by the touch of a finger thrust into the aperture of the larynx.

A rather delicate girl of seven years of age, after a day or two of slight indisposition, was seized with convulsions while playing in the garden. She was at once taken into the house, and as soon as preparation could be made was placed in a warm bath. On my arrival, nearly an hour after the time of seizure, she was still somewhat convulsed, but immediately afterwards she sank, pallid, relaxed, and apparently dead. With the aid of an assistant who accompanied me, artificial respiration was at once undertaken, and continued for from five to ten minutes, without any apparent effect. When about to abandon the case as hopeless, it occurred to me that possibly the tongue had not been drawn forward sufficiently to secure the passage of air through the larynx. In an attempt to ascertain the condition of the larynx in this regard, I passed my finger along the side of the tongue until I got the end within the laryngeal opening, which I had no sooner done than a gasping inspiration was made, which soon developed into regular breathing.

There was some twitching of the eyelids and other convulsive motions after resuscitation; but, under the use of ether by inhalation, there was no further paroxysm at this time. Some two or three weeks later, however, another attack occurred. I was sent for; but not having been found, there was considerable delay before another medical man was called. Upon his arrival the child had been dead for more than an hour, and no attempt at resuscitation was made.

From the history of this case, both before and subsequent to the attack in which I saw the patient, it appeared to be one of reflex convulsions depending on undigested food (pieces of apples and pea-nuts having been voided at stool unchanged). Worms were suspected, but none were seen, though measures were taken to dislodge them, and they were carefully looked for.

Previously to this experience, I had seen a similar result from the touch of a finger within the opening of the larynx in the case of a woman apparently dead from chloroform. In that case I had only noted the fact as a coincidence. With the second experience, however, I was struck by the extraordinary effect of this touch when many other means to excite the reflex nervous functions had failed.

Since these experiences I have twice seen this method of exciting inspiration succeed, once in a case of suspended animation from convulsions depending on dentition; and again in a woman seventy years of age, who was partially asphyxiated by nitrous oxide gas administered by a dentist for an operation on the teeth.

On Cheyne-Stokes Respiration.

This singular condition has been attracting renewed attention in England lately. A late works says:—

This symptom known, as "Cheyne-Stokes Respiration," was first observed in 1816, by Dr. Cheyne, in Dublin. Stokes has only met with it in fatty degeneration of the heart, or a few weeks before the patient's death. He describes it as a series of inspirations, which reach a maximum, and then decrease in both depth and length, till a condition of apparent entire cessation of breathing is reached. This may last so long, that the bystanders may deem the patient dead; a feeble inspiration, followed by one a little stronger, marks the beginning of a fresh ascending and then descending series of breath-

ings, as before. The decrease in the depth and length of the respirations is just as regular as the preceding progressive increase. Every successive inspiration becomes shallower than the one which preceded it, till they become almost imperceptible, and a condition of apparent apnœa sets in. The deepest inspirations assume the aspect of dyspnœa. It is not easy to explain these phenomena. Schiff, Traube, Fräntzel, etc., have endeavored to seek the true pathology from clinical and *post-mortem* room studies. According to the two former observers, there are two distinct conditions under which we meet with this kind of breathing; *a.* Cases in which the heart is all right, but the cranial contents are structurally affected; and, *b.* Cases where the cranial contents are uninjured, but the heart has undergone structural changes. In both kinds, similar conditions underlie the respiratory phenomena, viz, a defective supply of arterial blood to the medulla oblongata, the great centre for respiratory action. The old notion, that it is only in cases of fatty degeneration of the heart that we find this kind of breathing, may be considered quite obsolete, since it has been noticed in many other kinds of disease. It must, however, be confessed, that there is yet much to learn regarding the true pathology of the "Cheyne-Stokes Respiration."

Chloral in Varicose Veins.

Dr. Parona, of Novara, has tried with some success the hypodermic injection of chloral in varicose veins. The following case, translated in the London *Medical Record*, will serve as an example:—

A man named Giovanni Masseroni, aged seventy, a gardener, at the age of twenty had varicose veins to such an extent as to exempt him from military service. Ulceration and other complications of varix began when he was forty years old. When he came into hospital, the right saphena vein was only slightly varicose; the left was varicose up to its junction with the femoral vein. There was an ulcer on the leg. After some days of rest, a solution of hydrate of chloral, of the strength recommended by Porta (a gramme for each injection) was injected at several points in the course of the vein. The operation was attended and followed for a short time by smarting; coagula were immediately formed; there was no local nor general disturbance; nor were there any symptoms of hypnotism, although several grammes were injected. Three injections were made at other points five days afterwards. The patient left the hospital twenty-two days after his admission, in a very satisfactory state; he said his leg felt lighter and was quite painless. The varices were greatly reduced and indurated.

Dr. Parona draws the following conclusions from his cases and from those which have been elsewhere published. 1. The treatment of varix by hydrate of chloral has, up to the present time, been sufficiently harmless. 2. In the majority of cases, the result of the operation is permanent and complete closure of the varicose veins, with an insignificant amount of reaction. 3. If a coagulum be not formed, the operation may be repeated in a few days without inconvenience. 4. The operation is very rarely followed by phlebitis, suppuration, ulceration, or the escape of coagula. 5. Sloughing of the skin on the point of puncture occurs rarely, and is not severe; it depends on want of skill or of care on the part of the operator. 6. The operation is rather painful, and the ulcers generally cicatrize rapidly after the veins have become obliterated.

Changes in The Morbid Brain.

In the West Riding Lunatic Asylum Reports, Mr. H. C. Major states the following conclusions:—

1. That in senile atrophy of the brain the nerve-cells throughout the entire depth of the cortical layer, and in all parts, are morbidly affected, although to a variable extent and in a different manner.

2. That in the large nerve-cells the morbid process in the great majority of cases is one of granular degeneration.

3. That in the smaller nerve-cells generally, and occasionally also, but rarely, in the large, the process is one of simple atrophy, without granular degeneration properly so called.

4 That the nuclei of the cells invariably participate in the diseased condition, and become the seats of granular deposits which lead ultimately to their destruction.

5. That at an early period the branches of the large cells are usually atrophied and destroyed to a greater or less extent, but exceptionally are retained up to a late period in the degenerative process.

6. That the condition of so-called hypertrophy of the cells (Rutherford, Tuke) depends on a peculiar transformation of some of the large pyramidal bodies, and is not confined to senile atrophy, being also observed in general paralysis, but in both is of exceptional occurrence.

The most common alteration in the vessels is a condition of dilatation.

The Thermometry of the Uterus.

Dr. Cohnstein, of Berlin, in the last part of Virchow's *Archiv* (Band lxii, Heft 1), believes that in cases where the ordinary means of determining whether the fœtus in utero is alive or dead fail, it may be determined by means of the thermometer, for he has observed that the temperature proper to the child is higher than that of the mother; the temperature in the uterus is consequently higher than that in the vagina, because in the former the thermometer registers the heat of the mother plus that generated by the child. If the child dies, the latter factor fails, and the temperature of the uterus and vagina becomes equalized. The fall

of temperature, however, after the death of the child, only takes place gradually, because the difference of temperature between the utèrus and its surroundings is only small, and two or three hours elapse, and several measurements are required, before it can be quite certainly determined. Cohnstein gives five cases in which a correct diagnosis was made of the life or death of the child by this means. Fehling, in a recent number of the *Archives de Gynœcologie*, has tried Cohnstein's method in eighteen cases, and found it reliable in all but two, in one of which the patient was in a febrile state, owing to the death of the fœtus. Cohnstein believes that the difference in temperature between the uterus and vagina may also serve as a means of determining the existence of pregnancy when this is denied or doubtful. He observes, very properly, that care should be exercised as to the depth to which the thermometer is insinuated into the uterus, as abortion or miscarriage might be thus induced if the experiment were carelessly conducted.

On Cresol and Phenol.

Mr. Bickerdike, in a lecture given in the *Chemist and Druggist*, says of these substances:

The derivatives of cresol have not been so perfectly studied as those of phenol, partly in consequence of the difficulty of obtaining the different isomers in a state of purity in large quantities. None of them have yet been applied to any useful purpose in the arts or manufactures, but cresol is employed to a greater extent than phenol, for purposes of disinfection. The antiseptic qualities of cresol and phenol have been carefully studied during the last ten or fifteen years, and a large amount of experience has been gained by their practical employment as disinfectants. These alcohols possess some property by virtue of which they are able immediately to arrest those changes in organic bodies which owe their origin to the development of protoplasmic life. This is not effected by oxidation or other chemical change, as in the case of the permanganates, chlorine, ozone, etc., for there is reason to believe that the antiseptics themselves suffer no change. Both phenol and cresol will precipitate albumen and gelatine from their solutions, and it has been suggested that they may exert a similar power on the sarcode which forms the structure of the above-named organisms. Whatever be the method by which the effect is produced, the fact itself is sufficiently established. This antiseptic quality was very soon recognized by medical authorities, and it was found that the usual septic condition of suppurating wounds might be entirely prevented by employing a dressing in which a small quantity of phenol or cresol was introduced. The subject was thoroughly investigated by Dr. Lister, of Edinburgh, to whom we are chiefly indebted for the antiseptic method of treating wounds, and also for some of the very convenient forms in which the antiseptics are applied. The question naturally arises, if these antiseptics are so certain in their action upon the vital germs which accompany decay, might they not be useful agents for internal administration in those diseases in which the morbid state of the blood is supposed to be owing to the propagation therein of poisonous germs? Of course it is impossible to administer either phenol or cresol in a pure state, and even a weak solution is found too irritating for the delicate mucous surfaces of the stomach, except in very small quantities, so that for some time the test could not be applied. Recently, however, it has been found that the salts of sulphocarbolic acid, which may be given in tolerably large doses, are decomposed in the system, the phenol being reformed and set at liberty. By this method it is possible to administer phenol in such quantities as to produce cerebral symptoms, but I have not seen a sufficient number of reports as to its action to determine its success or otherwise. Numerous other applications of these antiseptics have been made, and are continually being made as their properties become more generally known. I will only allude to the preservation of glue size in hot weather, and of hides that are intended for tanning. In conclusion, I draw your attention to a few zoological specimens which were collected three years ago by my brother, in India, and sent to England in a 2 per cent. solution of cresol; the state of preservation is complete.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The French seem to be taking the lead in the study of medical history at present. The Paris School of Medicine is the only one, if we mistake not, which has a professorship exclusively devoted to this branch. Publications on the subject are also frequent. Of recent ones may be mentioned as prominent the following:

Dr. J. Rochard, *Histoire de la chirurgie française au* XIX^e^ *siècle. Etude historique et critique sur les progrès faits en chirurgie et dans les sciences qui s'y rapportent, depuis la suppression de l'Académie royale de chirurgie jusqu'à l'époque actuelle.* 896 p. 12 fr.

Dr. E. Monteils, *Histoire de la vaccination. Recherches historiques et critiques sur les divers moyens de prophylaxie thérapeutique employés contre la variole depuis l'origine de celle-ci jusqu'à nos jours.* 422 p. 7 fr.

Dr. Chereau, *Le Parnasse médical français,*

ou Dictionnaire des médécins-poëtes de la France, anciens ou modernes, morts ou vivants, didactiques, élégiaques, satiriques, chansonniers, auteurs dramatiques, vaudevillistes, comédiens, etc. 552 p. 7 fr.

The latter is a curious collection, perhaps unique in its kind.

——One of the most experienced of American Medical editors, is Dr. E. S. Gaillard, of Louisville. He has at present under his management, "*The American Medical Weekly*," and the "*Richmond and Louisville Medical Journal*," both of which periodicals he maintains at a high standard of excellence.

BOOK NOTICES.

Compendium of Children's Diseases: A Handbook for Practitioners and Students. By Dr. JOHANN STEINER, Professor of Diseases of Children in the University of Prague, etc. Translated from the second German edition, by LAWSON TAIT, F.R.C.S., etc. New York: D. Appleton & Co., 1875. 1 vol., cloth, 8vo, pp. 408.

Dr. STEINER'S work has met with a quite favorable reception in Germany. The author has been for some eighteen years physician to the Francis Joseph Hospital for Children, at Prague, and thus writes from an extensive experience of the class of diseases of which he treats. Such being the case, we confess to have felt some little disappointment to find that under the head of "Treatment" he gives place so frequently to the opinions of other authorities, to the exclusion of the results of his own observation.

His descriptions of the causes and course of diseases are clear and brief, and are aided by statistical statements of the cases which have come under his own notice. We miss, however, the accuracy of definition which is found in the French writers. True croup is defined as "an inflammation of the laryngeal mucous membrane, occurring generally in sporadic cases, but sometimes epidemically." Not a word of the exudation. Of course, that, too, is mentioned later in the article, but is wholly omitted in the definition. The article on croup may be taken as an average instance of the work. Diseases of the larynx are divided into laryngeal catarrh, croup, spasm of the glottis, tumors of the larynx, and paralysis of the glottis. These occupy twenty-one pages. Laryngeal catarrh is treated by warm drinks and fomentations, sinapisms, and small doses of Dover's powder or tartar emetic. True croup he describes as "almost always fatal;" "in tracheotomy alone there seems any chance of recovery." This, to us, seems an unnecessarily gloomy prognosis. He treats it by emetics of sulphate of copper or zinc (six-grain doses) and demulcent drinks; and thinks the only resource is, as stated, tracheotomy. For spasm of the glottis, he has found oxide of zinc, in doses of one-half or one-third of a grain, two or three times a day, "the most valuable agent," a suggestion worth attending to.

Especially in works on diseases of children greater accuracy in giving therapeutic directions should be observed. Under "Favus" Dr. STEINER says, "Lotions of corrosive sublimate, benzine and turpentine have been recommended." Now, in using each of these articles its efficacy depends *entirely* on the strength of the lotion; yet not a hint about this is given. Such directions are worse than none. They are *dangerous*.

Dr. STEINER states the most common of all the diseases of children in Prague is intestinal catarrh; next to this, bronchial catarrh. In the treatment of the latter, among other steps, he is in favor, when the catarrh is accompanied by feverish symptoms, of rubbing the chest and back with "some fatty material," which, he says, often relieves the cough. Goose grease is thus vindicated with becoming scientific vagueness.

The work is handsomely printed, fairly indexed, and translated accurately, though not elegantly.

THE

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D. G. BRINTON, M. D., EDITOR.

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THE LIMITATION OF DISEASE.

Some general expression which will include all forms of diseased action is still wanting. Perhaps, looking on what French physiologists call *la théorie des milieux*, we may broadly say that it is the result of a failure of correspondence between the individual and his *milieu*, arising from any cause. The tendency always is for an organism to adapt itself to the incessant changes in its surroundings. So long as it succeeds in doing so, the organism is said to be in health; when its unconscious efforts fail, it is said to fall sick.

We can suppose that some of the changes which occur, nearly always cause at least a temporary failure. The exposure to malarial poison, whatever that may be, is very surely followed by a derangement, and that of such a nature as to bring about an increased liability to future similar derangements. On the contrary, many other toxical agents produce the condition of *tolerance*, and in this lies the self-limiting power of epidemics. This, as De Candolle has shown, is augmented by hereditary transmission, and decreased by absence of exposure to the exciting cause.

Thus, in the Faroe Islands, for many generations measles were unknown, and hence no tolerance of it was cultivated. When introduced at last, by a trading ship, the disease was most epidemic and fatal to both children and adults. In America, previous to Columbus, small-pox had never prevailed. When it did reach the red race, the destruction of life was appalling. In return, they seem to have acquainted their invaders with the great pox, which, during the first half century after the discovery, swept over Europe with appalling virulence.

The individual, like the race, acquires a tolerance in chronic diseases which enables him to live many years under organic lesions which, one would suppose, were necessarily promptly fatal. Last year, Professor Austin Flint gave an excellent essay on this subject, pointing out how such a condition of tolerance could be cultivated; and some years ago the same topic was discussed with a great deal of thought by Dr. Catlow, in his *Principles of Æsthetic Medicine*.

That which is called "the change of type" in disease is to be attributed to this increase of toleration. The expression, however, is hardly scientific, as it is not the change in the symptoms of the morbid state that should be regarded, but the change in the healthy state of the organism, its greater acquired toleration of the same toxical or injurious circumstances. Nowhere has this change been more obvious than in some of the Mississippi Valley States, Illinois, for example. The fatal bilious fevers of thirty and forty years ago are now next to unknown, they having lost so much of their violent character.

The practical applications of such reflections are valuable, not only in regard to the individual, as Drs. Catlow and Flint have pointed out, but have a wide meaning in State Medicine and public sanitary provisions. There is

no sort of proof, for example, that a bad smelling, foul workshop is harmless to the neighbors because the operatives employed in it enjoy average health. They have acquired tolerance, and they maintain it, but it is too much to ask that the neighbors should accept their condition.

Notes and Comments.

Therapeutical Notes.

GONORRHŒA.

Dr. Haberkorn, of Berlin, reports excellent results in both acute and chronic gonorrhœa, with the following injection :—

℞.	Quiniæ sulphatis,	grs. vj
	Glycerinæ,	℥ ij
	Aquæ,	℥ vj
	Acid, sulph. dilut.,	gtts. v. M.

Sig. Use about a teaspoonful or two as an injection three times a day.

CATARRH AND PARALYSIS OF THE BLADDER.

For these complaints, Dr. Willimsky, of Greifswald, in an inaugural thesis, recommends the watery solution of ergot. A dilute solution should be thrown into the bladder, in paralysis, thrice a day, in acute catarrh of the organ, once a day. In either case, the bladder must be thoroughly emptied before the ergot is used. Successful cases are quoted in support of this treatment.

ITCH.

In this disease, Dr. F. W. Clemens reports, in the *Allgemeine Medicinische Centralzeitung*, excellent results, with the following ointment:—

℞.	Arsenious acid,	grs. ij
	Carbonate of potash,	grs. x
	Spirit of soap,	℥ j
	Water, to	℥ j. M.

Sig. Rub twice daily on the infected parts. He has never seen any ill effects from this preparation, and its action had proved very prompt, curing "in a few days."

CHLORATE OF POTASH IN OZÆNA.

Dr. Eyselein, of Blänkenberg, reports a very obstinate case of ozæna, which he had cured by painting the ulcerous nasal membrane with a solution of chlorate of potash, one part to six of water (by weight).

CHILBLAINS AND FROSTED MEMBERS.

Dr. Leach recommends electricity. The positive pole he directs to be applied, with a weak current, a little above the affected spot, while the negative pole is to be moved over the inflamed parts for ten or fifteen minutes. One sitting may be enough; if not, repeat daily.

Another physician recommends rubbing the affected part thoroughly, but carefully, with the following liniment:—

℞.	Aconite liniment,	
	Opium liniment,	
	Chloroform liniment,	equal parts.

Still another one says he has never failed with

℞.	Sulphate of copper,	grs. iv
	Water,	℥j.

Apply frequently.

A HINT IN OLD ULCERS.

Dr. J. M. Fothergill says, in a recent lecture: "A friend of mine once put to me the case of a patient with an obstinate irritable ulcer, which had resisted for eighteen years the efforts of many leading men, both at home and abroad. The recognized association betwixt irritable ulcers and gouty individuals, at once suggested a suspicion of "suppressed gout." The treatment was directed accordingly, and in three weeks the ulcer was well."

ACETIC ACID INJECTIONS IN TUMORS.

The *Irish Hospital Gazette* says that Dr. Morell Mackenzie is now treating enlarged and indolent glands about the neck, especially in adults, with injections of the dilute acetic acid of the British Pharmacopœia. Seven minims is the quantity injected the first time, and ten minims or more may be used if several injections are necessary. They are made with an ordinary hypodermic syringe. Two results may follow the injection. Either the gland suppurates and the matter is let out, as in ordinary abscess, or else it disappears gradually by interstitial absorption, without any suppuration whatever. It is impossible to say beforehand whether suppuration will occur. In some patients one injection will excite suppuration. In others in whom it occurs, several are required.

By this means unsightly lumps, which formerly were treated for months by iodine paint and internal remedies, with indifferent success, can now be removed in a few weeks, with only a trifling annoyance to the patient, and, at the most, with a slight scar.

MANAGEMENT OF LUPUS.

The treatment of this disease, as directed by Dr. Lailler, of Paris, consists in cod-liver oil associated with the iodide of iron, a tablespoon-

ful of the former and half of the latter, taken in the morning, fasting, or before dinner. A little quinine wine is also given, and iodide of potassium is very frequently added, in case the lupus may have any affinity to syphilis. It is especially in lupus exedens that this is indicated. Appropriate mineral sulphurous waters are of great assistance, and sea-bathing. The topical treatment in lupus erythematosus is emollient and calmant: poultices of starch, or astringents with a few drops of perchloride of iron mixed. In cases of papulo-erythematous and tuberculous lupus, when not ulcerated, he advises caustic iodine in the form of one drachm of iodine and one drachm of iodide of potassium in two drachms of distilled water.

On Jaborandi.

The results of some experiments with this new Brazilian drug are detailed in the *Pharmaceutical Journal*, by Mr. Martindale, who has already conducted many interesting experiments. Mr. Martindale swallowed about fifty grains of the powdered leaf in an effusion, and in fifteen minutes he sweated profusely, and had an excessive flow of saliva. These effects gradually increased. In about half an hour after taking the drug the vision became curiously affected. Distant vision was obscured, although vision for reading or for near objects was quite good. The pupils were not contracted, and were perhaps even a little dilated. Sixteen ounces of distinctly alkaline saliva were collected in a few hours, and the sweating was so great as to soak the bedclothes. It would seem, therefore, in addition to its diaphoretic and sialagogic effects, jaborandi in a large dose causes tension of the accommodative apparatus of the eye, although this peculiar action does not appear to have been observed by others.

On Diabetes Mellitus.

Among recent German medical works, two of value have appeared, on diabetes mellitus. One is by Dr. Ed. Külz (*Beiträge zur Pathologie und Therapie des Diabetes Mellitus*, Marburg). He gives a very careful analysis of eleven cases. In practice, he found that the use of fruit sugar, inulin and mannite, does not increase the sugar in the urine. Hence, he recommends the latter for sweetening tea and coffee, and permits pears and apples. Biscuits of inulin are also allowable.

A second work is by Dr. A. Von During, of Hamburg (*Ursachen und Heilung des Diabetes Mellitus*, Hanover). He regards the disease as a strictly curable one, and quotes an experience of twenty years to back his assertion. He claims no specific means, however, but bases his treatment on an extremely careful regimen, and a rigid observance of ventilation, skin-rubbing, exercise, etc. His book should be bought by any one desiring full information on the subject.

On Salycilic Acid.

This substance is attracting considerable attention just now, as a disinfectant and anodyne. It is prepared by heating salicylous acid (obtained either from salicin or oil of spiræa), with an excess of hydrate of potash. It is volatile, crystallizable, soluble in boiling water, alcohol and ether.

$$\left(\text{Salycilic acid} = \left.\begin{matrix} C_6H_5 \\ H \end{matrix}\right\} CO_3\right)$$

As phenol can be produced by the dry distillation of this acid (phenol $= C_6H_6O$), it is altogether likely that the therapeutical properties of salycilic acid will be found in this alcohol (as phenol is now held to be). Phenol itself can be prepared in the form of minute granular crystals, and having no tendency to liquefy on exposure, it will probably be found more convenient for pharmaceutical purposes than the ordinary solid mass which requires to be melted before using; it is quite free from tarry smell. Phenol is produced by the dry distillation of the following organic bodies besides coal, viz., salycilic acid, gum benzoin, resin of xanthorrhæa hastilis, quinic acid, and chromate of pelosine.

"Studies on Women."

Such is the title (*Studien der Frauen*) of a work published this winter in Jena, by that fertile writer, Dr. Edward Reich. As usual, it contains a mass of information on the sex, especially on their vital statistics. It shows that the female sex is not only less liable to violent deaths and accidents (this we could have guessed) but also to severe disease. In a million of inhabitants in Prussia, 58,817 men died of old age and its attendant weakness, while 95,116 women survived to be thus registered. So far as the liability to "sudden death" is concerned, the figures stand 68.51 men to 52.60 women. The author makes the suggestive deduction from his studies, that wherever statistics

show a mortality among females much exceeding that among males, we can have "the greatest certainty that that locality demands the most earnest attention of the philanthropist. Vice and crime are rife there, and when a pestilence breaks out there, its devastations will be terrible."

Tobacco as a Heart Tonic.

What the Anti-tobacco league will do to Dr. Benham, of the West Riding Lunatic Asylum, we dread to contemplate. In the report of that institution, this writer has a paper on "The Action of Nicotine." He administered this substance to man and the lower animals, finding that it killed the latter, not by paralyzing the heart, but by stopping the respiration. Indeed, he says, it quickens and strengthens the heart's action, and recommends its use for that purpose. Another powerful weapon, truly, for the smoker, with which to repel the attacks on his favorite weed. He found nicotine to contract the pupils, but its other effects on man were most variable.

The Pupil in Chloroform Narcosis.

Dr. P. Coyne, in the *Gazette Medicale*, has called attention to the fact that the pupil of the eye affords an important indication in chloroformization. In the stadium of excitement the pupil dilates, but as the control over the reflex activity diminishes, it contracts more and more, until in profound narcosis it does not respond to any excitant. If emesis takes places, it dilates. In the most dangerous of all anæsthetic accidents, syncope of the heart, there is also a sudden dilatation of the pupil.

The Origin of Nerve Force.

A discussion between Herbert Spencer and Prof. Clerk Maxwell, on this subject, is given in the *Quarterly Journal of Science*, Jan., 1875. The former maintained that when the nerve impulse was expended, the nerves fall in temperature and are reinforced by instantly absorbing heat from the adjacent tissues. To this the Professor replied, rather caustically, that "those who believe in thermo-dynamics cannot admit that any purely material system can convert heat into work when the system and its whole environment are, at the commencement of the operation, at the same temperature. Heat can do work only when it passes from a hotter body to a colder."

Sterility in Women.

On this subject, Dr. Von Grunewaldt, of St. Petersburg, reaches the following conclusions:—1. Sterility of women is a disturbance of the normal function of the sexual apparatus. 2. Conception forms only one link in the course of events by which the female provides for the propagation of the species. 3. A complete mechanical impediment to conception in the woman arises only in consequence of atresia in the course of the genital tract. 4. The point of difficulty in propagative activity in the woman, as far as the uterus is concerned, rests on the capability of the impregnated ovum for germination. 5. This capability depends exclusively on a certain degree of integrity of the consequent tissue of the uterus. 6. The part which ovulation plays in the process of propagation can be defined clinically, only rarely, or not at all.

Latest of Cundurango.

Last fall Dr. Riegel reported six cases of cancer treated with cundurango. According to the *Allgemeine Medicinische Centralzeitung* (No. 101), he found the drug a powerful stomachic, which occasionally benefited the digestion, but was wholly without influence on the progress of the disease.

Correspondence.

On Chloroform Narcosis.

Ed. Med. and Surg. Reporter:—

I read with great interest the paper by J. Marion Sims, in the Reporter of Sept. 26th, 1874, on Nélaton's Method of Resuscitation from Chloroform Narcosis, in which he gives the history of two cases of remarkable recovery from death; but I was surprised to see it claimed as being a mode of treatment unknown to American physicians prior to the publication of an account of it in American journals by Dr. Johnson, in 1861. Dr. Shuppert, in the *New Orleans Medical and Surgical Journal*, for Nov., 1873, reports three cases of a similar character, and treated in a similar manner, with results no less remarkable and gratifying than in the cases detailed by Sims, and in the same paper claims to be the first to adopt a rational treatment, by position, in accordance with a theory that the primary cause of death in such cases is due to anæmia of the brain, the earliest of his cases, so treated, being in 1864. The silence of the profession on this subject would lead to the conclusion that these statements are correct; and yet it would seem strange that, with the symptoms given, *i.e.*, those of profound syncope, low-

ering the head as a means of relief would not suggest itself to every intelligent physician. That it had been practiced prior to 1861 the following case will show:—

In 1854 a boy was brought to my office with staphyloma of the cornea, the result of injury some years previous. It being a proper case for the removal of a portion of the protruding tissue, I invited Dr. Charles McCloud to assist me, and the patient being placed half reclining in a large office chair, Dr. McCloud administered the chloroform. It was received kindly, and just as I was taking hold of the diseased cornea with my forceps, something in the unusual pallor of the face, or an exclamation from Dr. McCloud that the pulse was very feeble, caused me to desist. In an instant pulse and respiration had entirely ceased, and the boy was dead, in the sense in which this word is used by Sims. Having a bowl of cold water at hand, I dashed its contents freely in the face and over the chest, but without the slightest effect. I then tipped the chair back until the patient's head touched the floor, the body and lower extremities being elevated at an angle of 45 degrees. How long this condition of death, or syncope, continued, I cannot say—perhaps not longer than one minute—but it seemed to me ten times that long; long enough, anyhow, to make us think that he was dead, and beyond recovery. A long-drawn sigh, and a feeble flutter of the pulse, announced his return to life, and put an end to our anxiety; and in a short time I performed the slight operation intended, but without the further use of chloroform.

Since then, my experience in the use of anæsthetics has been that of the ordinary country practitioner, with the exception of two years' service in the Medical Department of the Army of the Cumberland, where I saw chloroform administered some hundreds of times with no bad results. Of course, I have seen many cases where the respiration ceased, the face became livid, and death seemed impending from apnœa, but in these cases the pulse did not cease, and pulling forward the tongue, and forcible compression of the chest, soon averted all apparent danger.

In writing the above I make no claim to originality, as I am quite sure that, if I did not see the same treatment practiced in Bellevue Hospital or City Hospital of New York, in 1851-2, I must have heard it suggested there as being the proper thing to do under the circumstances as given in the case above, or those detailed by Sims and Dr. Shuppert. If I am correct in this, hundreds of physicians besides myself must remember the fact. J. N. Beach, M. D.

West Jefferson, O., Jan. 26th, 1875.

Apparatus for Producing Passive Motion after Fractures.

Ed. Med. and Surg. Reporter:—

In the treatment of fractures, in the vicinity of joints, in the persons of children, though we may have secured perfect union, when passive motion should be practiced we sometimes are at a loss how to proceed. The use of anæsthetics are to be avoided whenever possible, and without them the alarm and distress of the child are annoying to the physician, and are apt to deter him from the efficient loosening up of a joint threatening to become permanently anchylosed. In two cases of the kind mentioned, I used, with satisfaction to all interested, the home-made apparatus about to be described.

Two pieces of sole leather were joined together, by means of saddler's rivets passing through their corners in such a way that they formed a pretty accurate covering for the posterior halves of the arm and forearm when bent at a right angle. To each end of this apparatus was attached, by means of cords, a cylindrical piece of wood about three inches in length, supplied with small wire staples to retain the cords in place. Then another cord passing around the centres of these sticks supplied the means of making traction from the wrist, and so, at will, flexing the arm. By the use of this simple device, in a few days I had the arm completely flexed, and was gratified to find that the motion of the arm, from a position of semi- to entire flexion, was perfect.

Next, the arm was to be brought to the straight position. Having conceived what I thought would answer my purpose, application was made to the village smith for its construction, but he declaring himself unequal to the task, I procured three corset steels, through which, by means of a brace, armed with a file ground to a point, several holes were drilled, and the whole secured with rivets, so as, in a manner, to make one piece. A half circle of strap iron riveted to each end served to keep it in place, when fitted to the inner side of the arm. Then by strapping the spring, from time to time, a little more firmly into the bend of the arm, in a few days my object was accomplished.

Afterwards, by the alternate use of the two devices, perfect motion of the joint was secured.

All will agree with me, that these were not wonderful inventions, yet, in my hands, situated as many practitioners are, without the means of obtaining special appliances, they answered an important purpose. W. A. Townsend, M. D.

Abingdon, Illinois.

Chloroform in Cholera.

Ed. Med. and Surg. Reporter:—

In the Reporter of Jan. 23d, 1875, Dr. Hinton gives us his valuable experience in the use of chloroform in congestive chills.

The following case may be of interest in this connection. Sept. 6th, 1873, was called in great haste to visit William Sutton, aged 56, reported to be dying. Found him with all the symptoms of the collapsed stage of cholera. Had been sick sixteen hours, vomiting, purging and cramping, and the discharges were now like rice water. Patient cold as death, no pulse, spasms, and the friends said he could not swal-

low. With the aid of an assistant, applied chloroform to stomach, abdomen, back, wrists and ankles, holding the hand on each part as long as the patient could bear it. Then gave fifteen-drop doses in hot water every fifteen minutes, till reaction was established, which was less than an hour, and the patient made a rapid recovery, and to this day blesses "that hot stuff that saved my life."

To Dr. Hinton's four indications fulfilled by it, viz., "It allays nausea and vomiting, pain in stomach, equalizes circulation and harmonious reaction," I would add, in collapsed stage of cholera, 5. Allays all spasmodic action of the muscles and cramping. 6. It relieves, as by magic, that intolerable feeling indicated when the patient exclaims, "O my back; my back! it will break."

I have used chloroform for many years in bilious, flatulent and hepatic colic, both internally and topically, with very happy results.

For "stitch in the back" and pleurisy, it has no equal. The application is with a teaspoonful in the hand applied to the part and held as long as the patient can bear. S. Keith, M. D.

Mechanicsville, Iowa, Jan. 30th, 1875.

News and Miscellany.

Society Elections.

—The physicians of Southern Illinois met at Jonesboro, Jan. 20th, and organized the Southern Illinois Medical Association."

The following officers were elected for the ensuing year:—Dr. H. C. Hacker, President; Drs. McLain and Wardner, Vice Presidents; Dr. G. W. Schuchardt, Secretary; and Dr. W. C. Lence, Treasurer.

—The Butler Co. Pa., Medical Society convened at Parker City, Jan. 25th, and elected the following officers:—

President, Dr. S. Bredin, of Butler; Vice President, Dr. Clark, of Whitestown; Secretary and Treasurer, Dr. Towler.

Items.

—A physician in Cincinnati reports a successful operation for vesico-vaginal fistula. The curious part of it is, the patient was his own mother.

—This winter, in Florida, has been very unfavorable to invalids. In December and January there were heavy rains and dense fogs. Early in February a change of 35° took place in twenty-four hours at Pilatka.

—The annual catalogue of the Jefferson Medical College has been recently issued, by which it appears that the number of students in attendance during the session 1874-5, was 483, the largest class assembled in Philadelphia since the war. The class of the previous session, 1873-4, numbered 473, and was the largest for that year in the United States.

—The "Little Tariff Bill," just become a law, contains a provision, introduced by Representative Myers, repealing the stamp tax on medicinal preparations. The tax on proprietary or patent medicines remains in force.

—Last week the mortality in Philadelphia was as follows:—Males, 180; Females, 175; boys, 87; girls, 80: total 355. The number of deaths, compared with corresponding week of 1874 and of the week previous, was as follows:—

Week ending February 21st, 1874, was 292.
Week ending February 13th, 1875, was 361.

—For popular medical science commend us to the daily papers. From a copy of that excellent sheet, *The Star*, of this city, we learn that a new method of embalming has been discovered in California. "No removal of any organ is required. The operation consists of the injection of a prepared liquid, with a hypodermic syringe, into the vena cava, and an external application of certain drugs." !!

—The following is said to be the inscription on a tombstone at Fredericksburg, Va. "Here lies the body of Edward Helder, practitioner in physic and chirurgery. Born in Bedfordshire, England, in the year of our Lord 1542. Was contemporary with, and one of the pall-bearers to the body of, William Shakspeare. After a brief illness his spirit ascended, in the year of our Lord 1618, aged seventy-six."

—The average number of cigars smoked in the United States during each twenty-four hours is 5,168,000. The tobacco users bear the burdens of government with an amount of patience and philosophy which must be conferred upon them by the soothing weed. They paid, through importers, $6,150,060.41 gold to the government, last year, in the shape of import duties, and $33,242,875.62 through manufacturers, on account of taxes.

—The Report of the Pharmaceutical Board of this city states that of seventeen applicants for certificates as qualified druggists, ten, or considerable more than one-half the number, were refused certificates, on account of their "lamentable ignorance." The clerks who were examined turned out better, but serve also to show the necessity of some supervision over the trade, for of fifty-three examined, only thirty-eight obtained certificates as qualified assistants.

—It is a sad thing for husband and wife to hold discrepant medical views. A Detroit policeman reports that he noticed on his beat a house with two broken windows. He looked through one of them, and saw a man on the floor with a broken and bound up head, while furniture and fragments were heaped about him. Inquiring as to the origin of the ruin, he was answered by a woman with a baby in her lap: "You see that man there? Well, he's my husband. Baby's sick. He said 'give her castor ile.' I said, 'Give her goose grease.' There he lays!"

—The Royal Life Saving Society of Belgium has arranged to have an international exhibition of life saving machinery and appliances for safety, ventilation and health, which will be held at Brussels, in June, 1876. The machinery and apparatus to be exhibited are divided into nine classes, viz., for saving of life in case of fire; in case of shipwreck and drowning; in case of accidents from locomotion on roads and railways; in case of war; for health and sanitary measures; for health and ventilation in mines, factories and workshops; for household and private hygiene; for institutions, associations and societies organized for improving the condition of the working man; and for medicine, surgery and pharmacy in their relation to the above classes.

Personal.

—Dr. R. A. Kinloch has retired from the editorship of the Charleston *Medical Journal and Review*.

—Professor Thierry, of Brussels, having lately been promoted to the grade of officer of the Order of Leopold, received quite an ovation from the students on his first subsequent visit to the Hospital.

—Dr. Louis Remy Aubert-Roche, formerly chief medical officer to the Suez Canal Company, during its construction, and celebrated as an Epidemiologist, died in January, in his sixty-fifth year.

QUERIES AND REPLIES.

Medical Ethics.

Dr. W., of Pa.—"1. Dr. A. insists he has a right to see Dr. B. in consultation whenever the latter's patients desire it, and tells them to send for him to meet Dr. B. without notifying the latter. Is he right? 2. Can a physician, after selling his good will for a valuable consideration, rightfully resume his practice again?"

Replies.—1. Dr. A. violates all laws of propriety by such action, and should be censured. 2. A physician selling his good will may be bound up not to practice in the immediate vicinity (say within a radius of ten miles) for a limited time (say five years), and the courts will sustain the agreement. They will *not* sustain an agreement binding him *never* to practice in the vicinity, or not to practice at all. Such agreements have been ruled against public policy. We can give several references to the Pennsylvania *Reports* to show these decisions, if desired.

Cream of Camphor.

Dr. E. P., of Ohio.—The following recipe may be used:—

R.—Unguent aquæ rosæ, ounce j;
Camphoræ pulvis, drachm j.
Misce bene.

Dr. E. M. N., of Ga.—The axilla thermometer you have used is one of the best. Few self-registering thermometers are durable.

Diphtheria and Scarlatina.

Dr. B. F. R., of Mo.—"Is the exudation in the throat, in scarlatina, of diphtheritic character? I do not believe so."

Reply.—We must differ from you. Prof. Steiner, for example, whose work on *Diseases of Children* is one of the latest and also one of the best on pathological points, says: "In some epidemics, and under individual idiosyncrasy, the sore throat may take on a croupo-diphtheritic character" (p. 340). The absorption of the detritus of this exudation produces what he calls "diphtheritic septicæmia."

An Anomaly.

Mrs. K., nearly 40 years old, was advised to make daily use of cinnamon bark, as a remedy for "flashes," which she did for two years. Obstinate constipation, subacute glossitis, and a sensation, described as rags attached to the tip of the tongue, became so intolerable that she applied to me for relief. I have succeeded in re-establishing the normal functions of the bowels, but the unruly member is too much for me. I have tried nearly everything, and still the organ remains indurated and painful, though better. The circumvallate papillæ are very prominent, and beneath the raphe is the greatest pain.

Cannot some of your many readers tell me what to do in this case? A. D. Binkerd, M. D.

OBITUARY.

DR. EDWARD DELAFIELD, LL.D.,

Of New York City, died February 13, aged 81 years. He was born in the city where he lived and died, and was a graduate of Yale College, Class of 1812. His diploma was awarded him by the College of Physicians and Surgeons, N. Y. In 1821 he was prominent in organizing the New York Eye Infirmary. In 1825 he was appointed Professor of Obstetrics in the College whence he had his diploma, and in 1858 was elected President of the College. For very many years he enjoyed a large practice among the wealthiest families in New York, and not only accumulated a large fortune, but enjoyed the esteem both of the profession and the public.

MARRIAGES.

Davidson—Cohen.—On Tuesday, Jan. 19, 1875, at Quincy, Ill., by the Rev. Isaac Moses, at the residence of Martin Joseph, Esq., uncle of the bride, Miss Johanna Davidson, daughter of J. D. Davidson, Esq., of Scharmbeck, Germany, and Dr. L. H. Cohen.

Wright—Gatchell.—On Dec. 4th, 1874, by Rev. Robt. Gamble, Dr. J. S. Wright and Miss Mary H. Gatchell, both of Gatchellville, York Co., Pa.

DEATHS.

Divelbliss.—After an illness of nine days, on Sunday evening, January 31st, 1875, of pneumonia, complicated with heart disease, Jennie E., wife of Dr. S. B. Divelbliss, of West Point, Mo., aged 29 years, 5 months, and 9 days.

White.—In New York City, Feb. 2d, of pneumonia, Edward White, M.D., in the 36th year of his age. He was graduated from Bellevue Hospital Medical College in 1865, and had acquired a lucrative practice at the time of his death.

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Communications.

THE ELUCIDATION OF SOME POINTS IN AURAL SURGERY.

BY JULIAN J. CHISHOLM, M.D.,

Professor of Eye and Ear Diseases in the University of Maryland, and Surgeon in Charge of the Baltimore Eye and Ear Institute.

In reviewing the subject of aural surgery, as rationally practiced, when contrasted with the stereotyped course of treatment as followed by physicians, many interesting deductions may be drawn. The armamentarium of a general practitioner, as regards aural surgery, is marvelously condensed. To the profession at large, there are but three classes of aural troubles. The first, and that which they consider by far the most important, is deafness from wax impaction. This accumulation is recognized by them as the common cause of deafness, and is to be removed by warm oil or glycerine to the ear, followed by syringing. The second variety of deafness is inflammatory in character, to be treated by syringing with warm soap suds, if there be any discharge from the ear, and by blisters behind the ear, if there be no discharge. The third variety of deafness is nerve deafness, for the relief of which an ear trumpet is recommended. This embodiment of aural surgery is within the grasp of any physician who will content himself with this knowledge of the hearing organ in a diseased condition.

When we examine into the pathology and treatment of the ear, we not only find much to learn, but also very much to unlearn. The very first point to be noted is, that deafness is not commonly produced by wax accumulation. On the contrary, we do not find one case of deafness, from this cause, out of ten. The presence or absence of wax in the ear is not so essential a symptom of aural trouble as many, both in and out of the profession, suppose. There may be good hearing with scarcely a trace of wax in the ear; and on the other hand, a person may be very deaf, with the wax secretion in every respect normal. Moreover, deafness is not brought about, as so many suppose, because wax is not secreted.

There are cases, however, in which the filling up of the external aural passage with wax is undoubtedly the cause of deafness. In such cases, although the accumulation has required months to collect, the external aural tube has been so slowly encroached upon, as to still leave a passage open to the drum membrane. However narrow this passage may be, it is sufficient to allow atmospheric vibrations to reach the drum membrane, and, therefore, good hearing continues. More or less suddenly, possibly from some jolting, or perhaps from some attempt at cleaning out the ear with the tip of the little finger, the displacement of a portion of the wax contents closes up the remaining crevice, and deafness suddenly ensues, accompanied with more or less noise in the head, and sometimes with pain. Should one ear remain clear, and no special annoyance be occasioned, the patient often puts up with the inconvenience, and allows months or even years to elapse, before he

seeks professional aid. In the meantime, the wax has undergone condensation and impaction, and has become of nearly stony hardness.

Under these conditions, when a physician is consulted, he suspects the presence of wax, and advises the usual formula of glycerine in the ear, to be followed by the syringe, with warm soap suds, recommending the purchase of a small glass syringe for the purpose. Should there be pain in the ear, with buzzing, these symptoms are looked upon as evidences of inflammation. as no physician would associate pain with wax pressure. To combat this sup posed inflammatory attack, hot poultices or fomentations are applied to the ear and face, a blister is put over the mastoid process, and a dose of salts or a calomel purge is administered. This course of empirical practice for the relief of a wax impaction seems very ludicrous, and would be so considered by the very physician who prescribed it. It is only a few days since that a patient, having undergone the treatment as above described, at the hands of one of our leading physicians, applied at the Baltimore Eye and Ear Institute for relief, in a case of wax impaction. The physician who had had this patient under professional care would have been deeply mortified had he been informed that the above had been his treatment for the removal of a wax plug. The error in diagnosis was occasioned by the fact that this clever physician had not examined the ear.

There is not one physician in one hundred who knows how to look into an ear, and what he should see when he looks there. Very few practitioners seem to remember that the external ear passage is a crooked one, and that the bottom of the ear tube cannot be seen, even with a strong light, unless the crooked passage be made straight by pulling the ear upward, backward and outward.

In former times, when surgery was taught in the best medical schools of the country by one professor, during the few months in which he was expected to teach his class surgery, he considered it waste of time to study the common defects of the eye and ear, when such great operations as the ligation of the iliac or the cutting for stone had to be understood. Much time was absorbed in explaining operations which the young practitioner would, probably, never elsewhere see, while the every day items in surgical practice were ignored. As a professor of surgery, I, myself, fell into the error, and I know that it is universally done to-day by those who engross all surgical teaching under one professional chair. Fortunately for suffering humanity a decided change has taken place, through the study and practice of specialties. The establishment of professorships for these specialties, in many of the medical schools of the country, will prepare the younger members of the profession for a proper appreciation of some of the common troubles which affect the individual organs of our bodies.

It is so very common to prescribe for internal troubles by symptoms, in cases where an inspection of the organ is impossible, that physicians, from habit, forget that the external aural passage can be explored under the eye, and that the various causes of deafness connected with this passage are of easy diagnosis.

In looking into the ear, nine physicians out of ten see the skin lining the posterior wall of the meatus, about half way down the passage, and call this clear skin the drum membrane. From this point, inward, for the space of one-half to three-fourths of an inch, the passage may be thoroughly obstructed with a wax plug which would not be seen. When this is overlooked, for want of a proper knowledge of how to look into the ear, the deafness, with pain and buzzing in the ear is attributed to inflammation, and hence the curious treatment based upon the defective examination and diagnosis. Moreover, even when the aural passage is straightened by pulling the prima upward, backward and outward, the wax plug, although clearly in view, is not recognized. Most persons are under the impression that old ear wax should be dark brown in color, and so it is, but it does not always present this dark appearance upon the exposed surface.

A wax plug from the ear is not the homogeneous substance that beeswax seems to be. The bulk of a wax plug consists of epithelial exfoliation from the dermic surface of the ear passage, incorporated with the ceruminous excretion. Should an old, hard, black wax plug be left for a few hours in a cup of water, the mass gradually disintegrates. The ceruminous excretion will be dissolved in the water, rendering the fluid very muddy. The material composing the bulk of the wax plug being set free through the solution of the glutinous element of the mass, will be found at the bottom of the vessel, in the shape of ribbons of corrugated epidermic exfoliation, which ribbons accurately

measure, both in length and width, the ceruminous secreting surface of the external meatus. Many of these ribbons of exfoliated epithelium may be found compressed in one wax plug. As they lie edgewise in the plug they exhibit their whitish edge on the free surface of the impacted mass. This whitish appearance of the wax plug deceives those who expect to find a black surface at the bottom of the ear. Often, even the initiated would mistake this whitish appearance for the drum membrane in a state of disease, especially when the examining light is defective, were they not familiar with the depth of the aural passage, and the appreciation of the fact that this fictitious bottom of the meatus was too superficially placed.

Deafness from wax accumulation is most frequently found in adults; with them the advice of the physician to relieve themselves by the use of the syringe is an impossibility. I acknowledge that a suitable syringe with warm water is the only instrument that ought to be used for the removal of any foreign body from the human ear, including wax plugs, however hard and impacted they may be. When this instrument is judiciously used, the ejection of the foreign body is only a question of time and perseverance, as no foreign body can remain in an ear into which a stream of water is persistently thrown. The stream of water does not dissolve the wax plug, but some drops of the water will eventually worm their way between the lateral surface of the plug and the walls of the passage, however tightly the wax may be impacted. Once a channel is made for these drops, they will continue to be driven through it, until, collecting in sufficient quantity between the plug and the external face of the drum membrane, the impacted mass will be lifted out by this hydraulic force from behind, although the streams of water seem to strike so forcibly its outer surface.

In treating cases of wax deafness, after throwing into the ear many syringefuls of hot water, and having the water run out as clean as when it left the syringe, I have often imagined myself deceived in the diagnosis. Another inspection of the ear, with a good light, would show me the wax plug, and I would resume my labors. Forty, sixty, one hundred large syringefuls would be thrown into the ear before the mass would commence to move, and the very next syringeful of warm water ejects the wax plug into the basin. Had my perseverance given way at the ninty-eighth syringeful, I would have failed in my efforts at relieving my patient.

No patient can follow out the physician's advice, and remove an impacted wax plug by using the syringe.

No person, unless specially instructed, can do this for another.

No one, except those who have the positive knowledge that the wax plug is in the ear, and will be removed by the syringe, will have perseverance enough to continue to inject warm water into the ear until the wax plug comes out.

No one, not even the skilled aural surgeon, can remove a wax plug by means of a small glass syringe, and yet physicians recommend these to their aural patients.

The physician himself should inject an ear for the removal of wax or other foreign bodies.

In cleansing the ear, one hand must be used in pulling the ear upward, backward, and outward, so as to straighten the aural canal. The fluid injected cannot otherwise follow the axis of the passage, and therefore cannot remove any foreign body, such as wax, pus, etc., collected at its inner extremity. When the ear is not drawn backward the stream of water injected into the ear passage strikes the posterior wall, about half way down, and rebounds out of the ear without having approached, by half an inch, the bottom of the passage. From this, the usual method of syringing the ear, the front half is cleansed, while the inner half remains foul, regardless of the number of times the syringe has been used.

In working the small glass syringe one hand must steady the instrument, while the other hand pushes the piston. The surgeon has but one hand to spare to do this double duty, which, of course, is quite impossible. A proper ear syringe must be worked with one hand only. By far the most conveniently managed of such instruments is the small rubber bag syringe, having no piston to get out of order.

These suggestions, which embody the every-day experience of aural surgeons, are received very slowly by the profession at large, who have not a sufficient number of ear cases to induce them to read books on the diseases of the ear and their treatment; hence they continue in the bad but accustomed way of advising a useless instrument, the small glass syringe, to their aural patients.

EPIDEMIC BILIOUS REMITTENT.

BY DR. J. H. MEARS,
Of Monterey, Mexico.

The population of this city consists of some thirty-five thousand inhabitants; it is one of the healthiest locations of this State, surrounded by high mountains and lands, is free from marsh miasmata, and has always been free from epidemics, except the initiation of cholera during the year 1849, which was very severe, the disease proving very fatal and disastrous in our whole State.

The disease I am about to describe commenced on the first days of the month of August, and continued until the first of December. The first case I was called to see was a child, about three years old; from the apparent symptoms, I diagnosed remittent fever. The same day I was called to see three more cases in an adjoining house, who had been treated by other Mexican confreres; I then discovered that I had a different disease to contend with from what I had expected. The disease, from the time it made its appearance, continued to spread throughout our whole population, without distinction of sex or persons, the natives of the country being as liable to it as strangers; medical men and attendants on the sick were the first to take it. The symptoms in every case were identical, differing only in intensity; the earliest indication of the disease consisted in a painful affection of some of the joints, the wrists, ankle, knee, toes, and fingers, with a dull headache; it developed itself gradually, during a space varying from eight to twelve hours, during which time the pulse was full, but not accelerated beyond its natural standard, in some cases it being less frequent. After these local pains had continued for a greater or less time, fever was ushered in, with its usual concomitants; in some cases it commenced with a rigor, probably one-half of the cases; with intense headache; the eyes red; pulse full and abrupt, and in most cases frequent, and in some few cases below the natural standard; the skin was hot and dry, and in some cases injected, and in others it assumed a deep yellow, but in many was unnaturally flushed. The patients complained of acute pains in the back and loins, and of restlessness, amounting in some to jactitation; the tongue invariably dry and covered with a yellow coat; the edges and extremities were red, mouth dry, accompanied with a disagreeable bitter taste; the epigastrium was painful on pressure; nausea existed in every case, and vomiting generally prevailed; the bowels invariably costive for several days previous to the disease making its appearance; urine suppressed and high colored; thirst intense; in every instance complete anorexia existed; dark flocculi were occasionally expectorated; blood drawn away by leeches was extremely offensive to the smell. Plethoric subjects suffered intensely from headache, great determination to the head, giving rise to delirium, and in other cases to giddiness, blindness, etc., whenever the patient attempted to assume the erect position; in these the conjunctivæ were deeply injected. Other patients suffered more from pains in the back and loins, and restlessness; and in all cases the patient was low-spirited, impatient, fretful, and at night restless, and experienced a disgust for everything around him.

The first exacerbation of fever generally lasted thirty-six hours; it hardly continued over twenty-four hours before the skin, from being burning hot and dry, became relaxed, and abundant perspiration established, glutinous to the touch and offensive to the smell; after which, if the proper remedies were administered in time, the patient began to show a convalescence; otherwise a deceptive interval continued for a few hours, when the skin, from being relaxed and moist, would suddenly become burning hot, and a second febrile excitement would set in, irregular in its duration, and accompanied with the same pains, generally more acute.

As to the remedial agents used, they were, with few exceptions, the same in every case. In plethoric subjects, where there was much fullness of pulse, determination to the head, etc., I invariably used leeches until the patient became faint, after which I ordered him to keep his feet in hot mustard baths. This relieved the headache instantaneously, and in many instances the patient expressed a desire to get out of bed; the pulse became soft and the skin moist; the relief, for a few hours, was invariably complete, after which the same symptoms returned, but in no instance so severe. My attention was next directed to relieve the constipation, which existed, as I observed before, in every case. From the beginning of the epidemic I noticed that it required powerful purgatives to relieve the torpidity of the bowels; and in the case of the child I first saw, after trying every purgative I could think of, I had to administer one drop of Croton oil, which alone

had the desired effect. After thoroughly evacuating the bowels, I ordered the following pills to be taken every two hours, in adults.

℞. Pil. hydr. grs. xxx
Ext. rhei. grs. xij. M.
Pil. No. iv.

Three hours after I ordered the following draught:—

℞. Mag. sulph. ℥iss
Inf. fol. sennæ. ℥iv
Tinct. rhei. ℥ij. M.

with warm drinks, such as orange tea, cider, etc. In most cases these remedies procured ten or twelve copious bilious evacuations, aided by enemas of warm water and castor oil, and when the fever abated, I ordered

℞. Quiniæ sulph. grs. xxx.

Pil. No. iij. One to be given every hour. Purgatives appeared to be indispensable; under their use alone the tongue became clean, the headache and pains disappeared, and the patient was restored to a slow convalescence about the third or fourth day. At the suggestion of a medical friend I tried emetics in a few cases, thinking that it might afford more prompt relief to the agonizing sufferings of the patients laboring under this disease. In two instances where I administered ipecacuanha, I found that the patient vomiting naturally small quantities of bile, this medicine had no other effect than producing great straining, and invariably increased the gastric irritation, and in some cases to such an extent that the patient could retain nothing in his stomach. I must state that with the exception of those few cases whom I found vomiting naturally, in no other instance did I meet with this symptom, except in those cases where emetics had been administered, and I have no hesitation in saying that several cases that came under my observation in consultation with Mexican confreres, were dependent upon emetics, and in most instances where the tongue was red, it increased the gastric irritation and rendered the disease less manageable. In this situation I ordered a blister, 4 by 6, to be applied over the epigastrium, and the use of gum water, which generally relieved the symptom and allowed the patient to retain his medicine.

Such was my practice throughout the epidemic, and without censuring the opinions or practice of other professional confreres, I am content to claim a more than equal success with that obtained by other modes of treatment. So much so, that some of the poorer classes whom my son, Dr. I. B. Mears, and myself could not visit, for constant callers, sent for the medicines, and went through the disease without medical attendance.

The convalescence, no matter how mild the disease might have been, was slow; a painful sensation of exhaustion remained for several days or weeks; weakness in the joints; the appetite was restored slowly; some complaint, for a few days, of pain at the epigastrium, particularly after eating; the skin was also subject to sudden changes; from being moist, it would suddenly become dry, and the bowels continued torpid. At this stage, change of air appeared particularly beneficial. The prognosis of this disease was extremely favorable; but a very few cases proved fatal under our treatment.

Nature.—Is it the Dengue of Dickson, the Breakbone of Rush, or a mild epidemic of yellow fever? I have termed it an epidemic bilious-remittent, because I considered the disease bore a strong resemblance to all three of the above-named diseases, and that the term would explain the nature of all. It differed from the dengue of Dickson, as follows: In no instance was the tongue clean at the commencement of the attack; there was no eruption, except in two cases that I saw; no swelling of the limbs or glands of the body, and no marked intermission between the first and second exacerbations. Again, he does not, in his description of the dengue, notice constipation, whilst in this epidemic it is an important symptom; in other respects the symptoms are similar. His treatment of the dengue differed greatly from the one found beneficial in this disease. He depended entirely upon opiates, whilst in this, purgatives are indispensable.

With the breakbone of Rush it differs as follows: The tongue is never moist; the bowels, instead of being regular, are exceedingly costive; there is no eruption; the thirst is always intense, whilst in the breakbone there is no thirst. As with the dengue, the treatment advised is different. Rush recommends the use of emetics, laxatives and opiates.

Now as to similarity with yellow fever: It resembles in every respect the mild forms of this disease described by Louis. The only symptoms wanting are the intense yellowness of the skin and conjunctivæ, and the black vomit, which are pathognomonic of severe and fatal cases of yellow fever. In only one case out of the number we visited did I see anything that

resembled black vomit, and although in many instances the skin was unnaturally yellow, in no one case was it of that deep yellow met with in the last stages of yellow fever.

The cause of this disease I will attempt, as briefly as possible, to trace. The first case originated in a gentleman who came to this place from Tampico, and a short time after his arrival was taken sick. Did he bring the disease from an affected locality, and did it spread by contagion? When we consider how liable, by attendance on the sick, medical men were to take the disease, we may for a while entertain the idea that it is contagious; but let us consider: in the first place, there was no connection between the first case and the second; the subject of the first being a stranger, no one but myself visited him. Again, persons from the country, who visited our city and remained any length of time on business, or to nurse the sick, took the disease on their return home, but in no instance did it spread among the other members of the family. If any doubt existed as to its contagiousness, a single fact of the kind is sufficient to destroy it. To pronounce the epidemic narrated to be yellow fever in a mild form, would be, perhaps, venturing too much. I have, therefore, modified the name, and called it an epidemic bilious-remittent fever. That it is, like yellow fever, an endemo-epidemic, induced by a union of local emanations, with a favoring condition of the atmosphere, I have no doubt; that it might have assumed, under favorable circumstances, the most aggravated form of yellow fever, I have also no doubt, although it would be an exceptionable one in our climate, as yellow fever has never been known to exist in or invade this city, from time immemorial. The cause, principally, I consider to have been the extreme drought during the months of June, July and August, and the noted high temperature of the atmosphere during those months, and immediately after the immense and unusual flood of rains that inundated the whole country, for a distance of more than one hundred miles in circumference, producing the action of a favorable temperature for the generation of malaria. As also, the few hygienic means that are used for the prevention of epidemics in this country, everything being left to nature. Inclosures and yards are never cleansed, and you find putrefaction all around; dead animals are taken to the river, and there they decompose; the public sale of decayed and putrid fruits and vegetables, with fish, and a general conglomeration of putrefied substances, produce emanations that would favor serious epidemics in any place.

EVERYDAY EXPERIENCES IN MIDWIFERY.

BY DR. A. D. BINKERD,
Of Petrolia, Pa.

What I am about to write is for the benefit of young physicians, who, as I did, may want something less methodical than Bedford or Ramsbotham, on entering the lying-in room. I only propose to give some suggestions on small matters, which, nevertheless, I have found generally productive of the best and most satisfactory results.

When called to attend a lady, do not be in a hurry, but be sure to report in due time. Do not enter a lady's room panting like a hare, nor with too grave nor frivolous an expression of countenance. It will not detract from your dignity to remove your hat on entering the door of the humblest hovel, as well as on entering the more pretentious mansion. If the weather be cold I do not approach the patient until my clothing and person have attained to the temperature of the room. Having approached and addressed the patient in a collected mood and pleasant way, I sometimes touch her face with the back of the fingers, or lay the hand upon the forehead. Next, the hand seeks the wrist. This is all done in a careless sort of way, but to one with the *tactus eruditus*, it reveals a fact worth knowing. A natural temperature and a pulse of 80 to 85 and normal, possess a diagnostic value that cannot easily be over-estimated. Young women are shy creatures, and the subject uppermost in their minds is a delicate one. We must approach them as the sportsman approaches a partridge, by going round a little. The better we understand the business, the sooner we get there.

Having now established friendly relations, I inform the lady that I wish to ascertain the stage of the labor, and especially the position of the fetus. The lady generally gives herself unreservedly into her physician's care. I now order a basin of tepid water, in which I lave my hands thoroughly, warming and softening them. At the next pain I carry the index finger of the right hand gently into the vagina. I prefer the dorsal decubitus, the limbs partly flexed and the knees separated. If all is right I inform the patient so. I make few examina-

tions, and let the patient assume any position that may afford her the greatest ease. If the lady be of dark complexion, rather stout, short, thick neck, I always count on a tedious, very hard labor, and am rarely mistaken. Very lean women, of slender build, and thinner, longer necks, have, in my experience, had much easier and speedier labors. If the patient have the requisite strength, a position on the knees, leaning over a chair, on which is placed a pillow, may facilitate the labor, gravity being in her favor.

Otherwise I place an assistant upon the bed, to take the left hand of the patient in her right hand, and press against the left knee with her left, as I do on her right, during the fast recurring pains. If the labor has progressed well, and the pains are neither too severe nor too tardy, I rarely give the patient anything, except an occasional sip of water.

Meanwhile, an attendant will provide old cloths, and lay out the new garments for the expected stranger. Also have ready a basin of tepid water, soap, towels, pins, binders, strings, (nothing better than common cotton wrapping twine for binding the funis), and a pair of scissors; when the child is expelled, uncover its face. See that all is right, and be sure to go slowly. But should it be a footling presentation, and the woman a primipara, the head will most surely be retained in the vagina. This is the only time that hurry is justifiable, and hurry you must, in order to save the child.

Sometimes I tie the cord before pulsation ceases, and sometimes not till afterwards. So far I can give the preference to neither. I tie tightly, three fingers off, then less tightly, two fingers from first ligature, and sever between, handing the child to the nurse, who will simply wipe it dry with soft cloths, having great care of the eyes. When dressed it is placed in bed with the mother, and carefully washed *the next day*.

If the secundines have not come away within ten or fifteen minutes, I carry the finger up the cord, sweeping gently around it, making very slight traction upon it, grasping the womb gently within the walls of the abdomen in the left hand. A pain will now generally expel the placenta, while the womb contracts firmly. I take away very gently all membranes and clots, if any. I apply the binder myself, or see that it be done properly; lower the patient's head by removing one pillow, spread on an additional blanket, and thus avoid a chill.

Four important points are now to be observed. First, let no callers afflict the patient for ten days; absolute quiet, or nearly so, should be imperatively enjoined.

Next, the patient should be instructed as to what she may expect in regard to the lochia, and the importance of keeping up a slight discharge, varying in character, for a period of ten days to two weeks.

The breasts constitute the third consideration. These must not be allowed to become engorged or caked, else inflammation and suppuration of the most distressing character will be pretty sure to follow. They should be kept soft by repeatedly drawing them with the mouth or the breast pump. If cold water and cold food be rigidly abstained from, engorgement of the mammæ and suppression of the lochia will be less likely to occur. Chills should be most scrupulously guarded against. They are precursors of mischief of greater or less gravity.

Fourthly, within thirty-six hours after parturition, it may be necessary to administer a mere laxative. Castor oil, with or without a corrective, say a tablespoonful, is among the safest. Opiates and drastic purgatives should be equally avoided. Plenty of well cooked, easily digestible food should not be denied the patient about the third day, and from that on through the month.

I have found Saturday one of the most unpropitious days for the parturient woman. Many a one has been talked nearly to death, by callers, on Sunday.

Hospital Reports.

PENNSYLVANIA HOSPITAL.

CLINIC ON THE PHYSIOGNOMY OF PATIENTS.

BY DR. ADDINELL HEWSON.

Reported by F. Woodbury, M. D.

Gentlemen.—The wards having just been handed over to me by my colleague, and as you, from having attended the previous clinics, are more familiar with the cases perhaps than I am myself, I will, to-day, devote the hour to the consideration of certain important general principles, that will be useful to you in practice, as a guide to the recognition of certain forms of disease, and as suggesting their prospective course, proper treatment, and prognosis. You see before you, in the arena, a number of cases which, in complexion, temperament and vital force, show points of difference that are readily recognizable by you all; it is upon the discrimination of these points, and more particularly

their pathological significance, that I wish to dwell this morning.

The constitutional predisposition to some particular form of disease existing in an individual, we call a diathesis; it may be either congenital or acquired. We will confine ourselves, at present, to the consideration of hereditary proclivity, which is of two kinds, arthritic and strumous.

The arthritic diathesis is characterized by the elimination of uric acid from the system, or its presence in the blood, as seen in gout and chronic rheumatism. In the strumous diathesis there is no such excess of uric acid, nevertheless it also will show, at times, a tendency to disease of the joints, but of a different kind.

When the diathesis is developed into disease, which secondarily deteriorates and poisons the system, we have what is termed a cachexia. Diathesis is compatible with health, and does not involve the idea of the actual presence of disease; cachexia, on the contrary, always expresses profound disturbance of nutrition and departure from health.

There are certain points which indicate and influence the diathesis; and the first that we will consider is the complexion, of which there are two distinct types, blonde and brunette; with which you are familiar. The typical blonde shows a fair skin accompanied by light hair and blue eyes; while the brunette has a florid or dark olive skin, with dark eyes and hair. These blend and run into each other in practice, as the strumous or arthritic diathesis may preponderate, so as to make a number of intermediate grades, which are more frequently seen than either the pure blonde or brunette.

Different patients exhibit a marked contrast in the amount of their power to resist and ability to sustain the individual under the ravages of disease; they may also be divided into two classes, sthenic and asthenic, according to the amount of their vital force.

The sthenic constitution may be recognized by the ruddy cheek and general appearance of good health and vigor and the ready performance of the functions. The asthenic, just the opposite, shows a general want of tone of the tissues, with a pale and flabby countenance by which it may be recognized at a glance.

Finally, the temperament is important, and may be one of two varieties, nervous or lymphatic.

Having these points well in mind, we will find that every case is of the arthritic or strumous diathesis, modified by temperament, amount of vital force, and the complexion.

The case I now show you is a man who feels, apparently, as young as any here. His forehead is broad, the nose, mouth and chin are well formed, his hair and teeth are quite well preserved, he is active in body and vigorous, although he states that he is nearly seventy-five years of age. His temperament is nervous, constitution sthenic, complexion light brunette, and of the arthritic diathesis; a combination which we find to be most favorable to health and longevity.

In the nervous temperament, the face is generally intelligent, the forehead expansive, the alæ of the nose not thickened, and the lips are thin and expressive. In the case I now show you, the nervous element is strongly marked; the indications just mentioned are all present. He is tall and thin, the pupil of the eye is dilated, and the ball is constantly in motion; I should say that the nervous element is here very much in excess.

This next case, you will remember was operated upon by my predecessor for internal piles. He is not at all a blonde; he also shows the dilatation of the pupils and restless eye, but he has, accompanying the arthritic diathesis, the olive brown complexion, with thick lips, the sthenic, lymphatic temperament, which indicate a man disposed to take the troubles of life easily. The peculiar appearance of the face and eye which you notice here, whenever you see them, indicate a tendency to hemorrhoids, which I have already told you actually exist in this case. His teeth are strong and well preserved; they are unusually good for the patient's years.

The arthritic diathesis has a tendency to long life; in advanced life it favors the development of gouty affections, and in a lymphatic temperament is liable to hemorrhoids.

We will now contrast the arthritic and the strumous diathesis. In the former, disease is more apt to occur late in life, while the latter shows itself in a number of complaints in childhood, which are popularly known as scrofulous affections. Age has a great influence upon the development of diathesis. Strumous subjects in childhood show a special predisposition to tuberculous eruptions upon the face, such as acne; afterwards they are prone to have disease of the shafts of the bones, and consumption generally develops in them before forty years of age; if they escape this they are liable to die from tubercular disorders of the abdominal organs. The strumous infant, when born, has no hair, and in after life the hair has a tendency to fall out and occasion early baldness; this is not the case with the arthritic baby, who has his head covered with hair at birth, and retains his hair well in after life but it is apt to become gray early. The latter is by far the more troublesome child to manage, but is not so liable to skin diseases and bowel complaints as is the other.

Here is a strumous child, who is a true brunette; the eyes are very dark, so is the skin, which shows a tendency to acne and freckling. In such cases the teeth are very apt to become defective in advanced life; to this class belong the old women that you occasionally meet, with a solitary incisor tooth projecting from the mouth. When the nervous temperament is blended with the strumous diathesis, we see the pupils dilated and the eyelashes long and matted together. In this diathesis we have always a thickened upper lip, as in some of these cases before you.

The strumous, nervous, sthenic patient may become tall, well-formed and vigorous, but in early life there is a special liability to tubercular

disease of the lung. These cases have a long neck, and are thin,—nervous temperaments always are thin,—in later life, if they survive, there is a tendency to deposits in the joints.

With the arthritic diathesis, in a fair brunette, and a nervous, sthenic, or, as it is oftener called, nervo-sanguine temperament, the best conditions for health exist, and the most favorable chances for a long life are found; if the patient is temperate in all things, especially if he can control his appetites for eating and drinking, he will probably live longer than any of the rest of them. The arthritic blonde is liable to the development of the gray variety of tubercle, and will probably die of phthisis before he lives out half his days. The strumous subject is more likely to suffer from the yellow or caseous tubercle. When the arthritic patient has a fever, there is an acid sweat and odor from the body; he requires a different kind of treatment from the strumous case, where the skin is not such an active eliminator of the morbid products, and where the form of the disease differs.

You sometimes hear of nervous cachexia; this is not correct; it is a confusion of terms. It is meant to express, generally, a nervous temperament with a born tendency to asthenia. And there is no such thing, strictly, as a cancerous diathesis; for you will always find carcinoma associated with one or the other of those I have mentioned.

There is one point here to which I wish to call your attention: it is the early development of cachexia in the strumous diathesis, and the great liability to epithelial disease, as in this case, where there is an actual epithelioma beginning upon the nose. A curious manifestation of the arthritic diathesis often occurs in advanced life; it is deformity of the metatarso-phalangeal articulation of the great toe, not produced by injury or tight shoes, but by true arthritis of the joints in question. This is well illustrated by a woman who has been in the ward for some time. She has been kept in bed for several months, and now complains that her great toes stick up so that she cannot wear or put on her shoes as she could when first admitted. Among the arthritic affections of adult life we find gout, joint affections, and tendency to stone in the bladder.

As to the kind of calculus you may expect to find: In the well-marked arthritic diathesis it will be of uric acid; in a strumous case, of lymphatic temperament, the stone will be phosphatic. So that, by looking in a man's face you will be able to tell the kind of concretion he will be likely to have in his bladder.

This subject that we have to-day touched upon demonstrates the importance of studying the physiognomy of your patient. From it you can derive valuable information, both as to the kind of disease to which he will be particularly subject, and the most appropriate course to pursue with him; as different cases, regarding the points I have mentioned, require very different modes of treatment. You can judge from his vital force whether he would be likely to bear the shock of an operation well. The asthenic blonde does not sustain much operative interference, while the nervous brunette is the happiest temperament, and will best tolerate severe treatment.

The importance of knowing and considering these points must be evident to you; before saying a word to your patient you will be enabled, almost at a glance, to discover his diathesis, temperament, and favorite disease, so that a few well-directed questions will excite his surprise and admiration at your penetration. The blonde with a nervous temperament you will find to be a most troublesome and irritable patient. Whereas a lymphatic case, with largely developed adipose tissue, what is sometimes called the adipose temperament, will be patient and tractable in illness, and will bear suffering with equanimity.

LONG ISLAND COLLEGE HOSPITAL.

EXCISION OF HEAD OF FEMUR.

BY JARVIS S. WIGHT, M. D.,

Professor of Surgery in the Long Island College Hospital.

REPORTED BY WALTER LINDLEY, STUDENT.

Anna P., aged eight years, entered this hospital, May 30, 1873, suffering from femoral coxalgia, the symptoms of which had first been noticed about two months previous. Sayre's hip joint apparatus was at once applied and continued until the date of the first operation. A fistulous opening appeared on the superior anterior part of the thigh, August 1, 1874, and a week after another on the interior of the same region. Tenotomy of the adductor muscles was performed by Dr. J. H. H. Burge, of Brooklyn, on the 29th of the same month, following which, slight extension was used. The general health of the patient remained very unsatisfactory, despite the greatest attention being given to her diet, and the pursuance of a general tonic treatment. Her temperature ranged from 103¼° to 101°, with a pulse running up as high as 150 per minute. A bed sore, 1½ inch in length was noticed over the ilium of the opposite side, November 7, 1874, and was dressed with tincture of guaiac, healing in a short time, under the care of Drs. Harvey and Westbrook.

Professor Wight, on the second of January, 1875, resected the joint in the usual manner, *i. e.*, by the sawing of the femur just below the great trochanter, remarking at the time that in this form of hip disease it was never wise to leave the great trochanter. After the operation the immobility of the limb was secured by appropriate splints, and two pounds of extension applied. There has been a marked improvement in the patient's general condition, her temperature ranging from 102¼° (the day after the operation) down to 99½°, with her appetite good. At the time of writing, four weeks after the operation, we are justified in predicting a speedy recovery.

Brooklyn, January 30, 1875.

Editorial Department.

Periscope.

The Management of Diphtheria.

Dr. T. Prangley, in the *British Medical Journal*, gives a record of an outbreak of this disease. As to its management, he says: —

The local treatment I adopted in every case was the application of tincture of iodine (forty-eight grains to one ounce) to every part of the throat covered with membrane, at least once in twenty-four hours, and the inhalation of iodine vapor mixed with steam, but more especially the latter, if the larynx were invaded. If the membrane were firm in texture, and not too strongly adherent, I always removed it and applied the tincture of iodine to the denuded surface, and with the best results; for, although frequently the membrane would reform, yet it never regained its pristine condition. If the membrane were in specks or shreds, I applied the iodine over them, and in general half-a-dozen applications were all that was required to procure their dismissal, and in several instances two applications were sufficient. This local application of iodine acts, not only as a caustic, but, I believe, confers a modifying influence upon the secreting structure, and further brings into action the power of the absorbents; thus tending to retard the spread of the membrane and to promote the removal of that which is formed. I am aware that, in urging this treatment, I am at issue with many who contend that, this disease being a general one, depending upon certain changes in the blood by the introduction of a specific disease-poison, it is useless to attack the local manifestation of the disease any more than the pustules of small-pox. To those I would call attention to John Hunter's axiom, that two similar diseases cannot coexist in the system at the same time.

The general treatment was supporting and stimulating throughout. A liberal supply of beef-tea, wine and milk was frequently and regularly given, to maintain the system against the natural tendency to depression and exhaustion. In medicine, I rely upon chlorate of potash and tincture of steel, from three to five grains of the former with five to fifteen minims of the latter every four hours, according to age. When tracheal symptoms arise, I at once have recourse to the inhaler, beginning with ten drops, increasing to a drachm of the common tincture of iodine to a pint of boiling water, and letting the patient inhale as frequently as possible. In using this, one precaution is necessary, and that is not to begin with too large a supply of iodine, otherwise it is too irritating, causing the patient to cough, and making him unwilling to use it. I have found ten drops well borne to begin with; and, after a short time, we may gradually increase the quantity to a drachm to the pint without inconvenience. If this do good, which it undoubtedly does, it is evident it cannot be by any caustic action, but entirely through its modifying and absorbing influence upon the diseased tissue. I can refer to three cases in which this treatment was of marked utility. In cases where the fits of dyspnœa are severe and frequent, I have found nothing like an emetic of sulphate of copper, which generally expels a quantity of membrane from the larynx and trachea, and gives relief for a time, at all events.

In tracheotomy I believe we may place considerable reliance, although my experience is limited to one case, and that unfortunately a fatal one; yet I firmly believe that if it be resorted to soon enough, we may rescue many lives.

Maternal Mental Impressions.

In an address on idiocy, by Dr. George W. Grabham, in the *British Medical Journal*, the following significant remarks are made: —

Shocks or injuries to the mother, or severe anxiety while she is pregnant, are commonly supposed to act prejudicially on the child; and in many cases, in my opinion, with a high degree of probable truth. Rigid inquiry has failed to elicit any other cause in 85 out of 543 cases, or nearly sixteen per cent. In many of these, the shock was a violent one; and I have an impression, not at present sufficiently confirmed by experience, that one very distinct, though small, class of the idiot is almost invariably attributable to this cause. This type usually occurs sporadically in a large and otherwise healthy family, without history of mental disease. No other cause appearing to account for these sporadic cases, we ought not to disregard the history which is forthcoming, and which I usually look for, of severe mental shock during pregnancy. As instances, I would name the bombardment of a city, a violent fall from a cart, the sudden accession of acute mania in a lady occupying the same bed, under circumstances of a peculiarly distressing nature. Interwoven with this part of the subject in many ways is the fact that nearly 23 per cent. of my cases were first-born children. Leaving the question of tedious birth for future consideration, let us bear in mind the anxiety which often precedes a first confinement, and the increased mental strain when the child is illegitimate, or has not been conceived in wedlock; also the struggle and uncertainty which newly-married couples often experience in gaining a living. The old Mosaic law was wisely conceived, which exempted the newly married one, for one year, from labor or necessity. Tedious birth, in some cases requiring instrumental

assistance, is assigned as the sole cause of idiocy in 13 cases out of 243; but probably this number is much understated. Inquiry often elicits the fact that the child was born in a state of asphyxia, and often even laid aside for a considerable time, as past recovery. Probably some severe congestion of the brain here occurs, from which it may never entirely recover; or imperfect expansion of the lungs may take place, giving rise to a cyanotic condition accompanying mental deficiency through life, but in which no malformation of the heart may exist. These cases of cyanosis are, however, by no means common. Convulsions within a few months after birth, or during the first dentition, account for nearly 20 per cent. of my cases; but it is certain, from inquiries made, that in many of these there was also some predisposing cause, the dentition only exciting it to action.

New Treatment of Varicose Veins.

Mr. John Marshall, surgeon to the University College Hospital, London, ~~says, in the *British Medical Journal*, on the treatment of varicose veins:~~ XXX

John Bell cut out small pieces of the vein at intervals; but this was also a severe and dangerous operation, often followed by extensive inflammation and hemorrhage. Von Gräfe used to lay open the vein, stuff the cavity with lint, and allow the wound to heal by granulation from the bottom; this was, of course, an effectual cure, but it was a tedious one, and was not unfrequently complicated by suppurative phlebitis.

The plan most commonly employed now is to obstruct the vein by ligatures placed at intervals along its course; but, unless these be placed very close together, this plan is often ineffectual; the vein is obliterated only just at the point of ligature, the intermediate portions remain patent, and the blood soon finds its way into them by means of collateral branches. To obviate this tendency, some surgeons, after placing the ligatures, have divided the vein subcutaneously between each pair; this gives more satisfactory results, but is sometimes followed by troublesome inflammation and suppuration.

The plan of treatment, said Mr. Marshall, which I have carried out on this man, and which I propose to try more extensively as opportunities offer, is not altogether new, but presents, I hope, sufficient novelty to deserve the notice of the profession. It resembles that of Von Gräfe, which I have just mentioned. The grave objections to his plan were the occasional occurrence of troublesome hemorrhage, and the risk of diffuse suppurative phlebitis followed by embolism, septicæmia, etc. The former danger might, I thought, be obviated by elevating the limb well, and by carefully applying Esmarch's bandage before the operation; and the latter risk might also be avoided by the use of antiseptic dressing. The operation in this case was performed as follows: I drew, with ink, a straight line, six inches in length, over the course of the tortuous vein, just below the knee, where it was most enlarged. Esmarch's bandage having then been applied, I next passed a hare-lip pin under the vein, at the top and bottom of the marked portion, and secured it with the usual figure-of-8 and bougie ligature. I then cut through the skin over the course of the vein, opened the vein itself just above the lower ligature, and slit it up on a director as far as the upper pin, a distance of about nine inches. But, when I had thus laid open the vessel, it struck me that the healing of the wound would probably be accelerated if I removed entirely this ragged-looking piece of useless membrane; I, therefore, cut it across at each end, and removed it by dividing some small branches. The vessel was quite empty, and no blood was lost during the operation. In performing it another time, I should, after exposing the vein, cut it through, and remove it at once, without opening it. Three hare-lip pins and figure-of-8 ligatures had also been placed on the vein higher up, a little above the knee. The wound was dressed antiseptically, according to Lister's method, and a bandage applied firmly as high as the knee.

As regards the after-progress of the case, I need only remark that on December 1st the wound was found to be nearly healed, and the carbolized dressing was left off; it would have been better for the patient if this had been continued for a few days longer, for his recovery was somewhat retarded by a slight attack of erysipelas, which now invaded the limb.

—(Brit. Med. Journa

On Bacteria.

So much having been said lately about bacteria, our readers may be glad to read the following description of them, taken from a lecture by the able physiologist, Dr. J. Burdon Sanderson, published in the British *Medical Journal*.

The first fact that I shall advance with respect to bacteria is, that they are the smallest and least organized of all living beings. As regards size, it is best to judge by comparison with objects with which we are microscopically familiar. The most common rod-like forms are in length about one-third of the width of a blood-corpuscle; *i. e.*, about $\frac{1}{3000}$th of an inch, so small that, if we examine a liquid containing them, with the ordinary magnifying powers used for histological observations, we can scarcely be said to see them to any practical purpose. It is necessary to have recourse to the best microscopes and the highest powers, if it be desired to observe them in such a way as to arrive at useful results.

What grounds have we for stating that they are the lowest organisms? One is, that they present only very slight differentiation of parts; but in this sense they are certainly not simpler than many other forms that might be referred to. The chief ground for the statement lies in this, that they are much less *specific* in their characters—much more under the influence of the conditions under which they originate and

are developed—than organisms of any other class. Just as in the higher animals, and in man himself, we call those functions lowest which are most completely automatic—*i. e.*, most completely under the guidance of known conditions—so also, as regards form, we recognize that while all animal and vegetable forms, even the highest, are moulded by circumstances to fit their places in the economy of nature, this moulding power—this adaptation of form to circumstance—becomes more and more obvious the lower we descend in the scale of development.

The next fact relates to the *habitat* of bacteria, to the medium in which they live, water. They inhabit water either as such in the ordinary sense, or in the various conditions recognized as *moisture*, whether occurring on damp surfaces or as filling the interstices of solid bodies, which bodies, when so impregnated with water, are said to be damp. Those who are familiar with chemical work, know that this quality of dampness goes a great deal further than the popular notion of it; that many things ordinarily called dry, yield, when subjected to the drying processes commonly used in the laboratory, evidences of being really moist. Consequently, moisture, regarded as a limiting condition of bacterial life, is a very wide and comprehensive one.

From this statement, it must not be understood that bacteria do not exist in the atmosphere. But their existence there in an active form strictly depends on moisture. They attach themselves, without doubt, to those minute particles which, scarcely visible in ordinary light, appear as motes in the sunbeam, or in the beam of the electric lamp. It is by the agency of these particles that they are conveyed from place to place.

Notwithstanding that the word bacterium means a rod, and that many of the forms to be immediately referred to are not rod-like, I am obliged to use it, because it is used by others as a general term for the whole group of organisms known to botanists as *Schizomycetes*. This designation being obviously too long, I attempted, in 1870, to introduce the word *microzymes*, a word which was intended to denote the fact that, in the development of these organisms, the process of vegetation is always associated with chemical processes of a peculiar kind, in a way comparable to that in which the vegetation of the yeast-plant is associated with the alcoholic fermentation. I forego the use of the word microzyme, for the reason I have mentioned, viz., that it has not been taken to, but I am not the less sensible that such a word is as much needed now as ever; for it is evidently inconvenient to say, as I now find myself compelled to say, that bacteria — rods — may be either globular, egg-shaped, or filamentous. Cohn classifies our organisms under terms expressive of these various forms, the most important being micrococus, bacterium, vibrio, and spirillum. I have drawn these on the blackboard.

Bacteria have, as a rule, two states of existence, a state of activity and a state of rest. When a liquid teeming with bacteria in the active state is observed under the microscope, the attention is so riveted, that it is an effort to take away the eye from the instrument. The movements have been often described. In the case of rod-shaped bacteria, the axial movement, in which the rod advances or retreats in the line of its axis, the direction being frequently reversed, is the most common. This kind of locomotion occurs often by fits and starts, the body remaining in the intervals quite still, or assuming a pirouetting or spinning movement. In all rod-like bacteria, it is probable that the progressive or axial movement is associated with rotation, for, in observing the motion of vibrios, it is easy to see that they, in progressing, twist round the axis of the spiral. When this is the case, it looks as if the filament were executing a wriggling motion, *i. e.*, as if its body were contractile; but this is obviously deceptive. The mechanism of the motion is as little understood as those of *Oscillatoria*, which it closely resembles. It must be carefully distinguished from the passive motions which are exhibited by all particles of size comparable to that of bacteria, when suspended in a liquid of which the density does not differ very widely from their own. Certain forms of bacteria appear to be motionless in all stages of their existence.

Capillary Puncture of the Bladder.

Dr. Fochier, of Lyons, recommends this operation under the following circumstances:—

1. Enlarged prostate, with complete retention or complicated with false passages or with inflamed or irritable urethra, as also partial retention, when catheterism is difficult or dangerous. 2. When the urethra is the seat of inflammatory or traumatic lesions. 3. In stricture that is impermeable or accompanied by false passages, or ammoniacal catarrh. 4. In women in whom catheterism is impossible during labor, in retroversion of the uterus, and in the compression caused by tumors. M. Fochier's general conclusions are: 1. Whether the retention be total or partial, the innocuity of capillary puncture (even in cases in which the peritoneum has been pierced by it) is such that it should interdict catheterism wherever this is impossible, difficult, dangerous, or very painful. 2. Wherever it would be of advantage not to allow of the urine passing along the urethra, and the bladder has risen above the pubes, puncture should be had recourse to, even when urine passes by the canal.

Treatment of Mammitis.

The following discussion at the Obstetrical Society of London, reported in the *Medical Times and Gazette*, contains a number of useful points.

Dr. W. Bathurst Woodman had been struck with the rarity of mammary abscess in animals, notwithstanding the forced abstinence from suckling which cats and dogs undergo from the

drowning of their progeny, and in spite of the great distention of the udders of cows, mares, and other animals when driven to market, or for other reasons separated from their young. Acting upon this suggestion, he carefully abstained from those manipulations and questionable "gentle" frictions which have so long been customary in such cases, and with the most satisfactory results. Where an abscess was threatening, in place of employing liniments he enjoined perfect rest, the avoidance of all frictions and rough handling, and of suckling for a time, if possible, from both breasts, but at all events from the one most implicated; the horizontal position, careful application of strips of isinglass, soap, or lead plaster, or of an air-cushion with a hole in its centre, or of bandages taking their purchase from the opposite shoulder. In addition to these measures he employed preparations of opium, belladonna, or chloroform, applied in compresses, or ice, moist warmth, and leeches; the local congestion being also relieved by diaphoretics, diuretics, and aperients; belladonna, iodide of potassium, and sedatives being given, if requisite. Illustrative cases of this method of treatment were given, exemplifying its advantages.

Dr. Barnes observed that the principle of rest had long been applied to the treatment of inflammation of the breast. He himself had learned the value of it from Trousseau, when a student in Paris, thirty years ago. That admirable physician taught and illustrated it with great earnestness. He placed the breast at perfect rest by carrying straps of leather spread with *empldtre de vigo* all round it, so as to lift it well up and exert constant support on the vessels. Thus œdema was prevented, and engorgement soon subsided. It must, however, be remembered that this form of pressure was ill borne in the first inflammatory stage. It was chiefly serviceable when suppuration had taken place and the abscess had been opened; the sac was then rapidly closed. In the earlier stage he had seen leeches do excellent service. The pressure then must be lighter.

Dr. Ashburton Thompson said there were two modes of treatment not referred to in the paper, the administration of tincture of aconite, and total abstention from fluids during the necessary number of days. By giving minim doses of aconite every hour he had succeeded in cutting short inflammations of the breast which there was no doubt would otherwise have run on to suppuration very frequently; indeed, in three cases out of four. In cases of stillbirth he had hitherto found abstention from fluids sufficient in every case to avoid every kind of mammary disturbance. Ice was allowed in moderate quantity, and no other fluid, from the time of delivery until the fourth or fifth day, when the breasts generally return to their normal state of quiescence. He had had two cases recently in which this method of treatment had been perfectly successful. The deprivation of fluid caused but little distress.

Dr. Edis, remarked that the chief thing to be remembered was to limit the supplies, to act on the bowels, and to insure perfect rest to the mammæ. He was accustomed to order a belladonna plaster to be applied to the mammary region within twenty-four hours of delivery, thus exercising pressure as well as arresting the secretion of milk. Abstinence from fluids and great moderation in diet were enjoined for the first few days, an aperient mixture of sulphate of magnesia and iodide of potassium being given twice or thrice daily, to relieve the bowels. The shoulders should be raised, and the arms kept perfectly quiet; the upper part of the chest being only lightly covered; any friction or drawing of the breasts being strictly prohibited. Where this method had been adopted he had never seen a single instance of mammary abscess. An evaporating lotion continuously applied to the mammæ was in some instances sufficient to prevent the secretion of milk; but the pressure obtained from the plaster was of great service, and effectually prevented the employment of any friction.

The Prophylaxis of Tetanus.

Dr. Moodeen Sheriff, of Madras, says, in one of the late reports of the Triplicane Dispensary:—

In a previous report I remarked: During the last few years I have used opium in every case of wound and ulcer in which there was a fear or suspicion of tetanus, and the result is that the latter has not occurred in any case up to the present moment. This was not the case before I began the use of opium, when tetanus did occur occasionally among the patients suffering from wounds and ulcers; so that the complete exemption enjoyed by my patients, during the last few years, from so dangerous a disease as traumatic tetanus is directly attributable to the use of opium. Not only opium, but the timely administration of any other medicine possessing the combined action of anodyne and anti-spasmodic will, I think, produce the same effect; but at present my experience is limited to the use of opium. Opium may not produce the desired effect if the source of irritation be very great, as is often the case in compound comminuted fracture of large bones, but in less severe cases of wounds and ulcers, if tetanus is to occur, it will be warded off by the use of that drug.

I still continue the same plan of treatment, and have greater confidence in it than before. It is now more than six or eight years since I first employed it, and up to the present date traumatic tetanus has not occurred in any case in which opium was used. During the last year the disease occurred in one case of wound in which no opium or any other anodyne or antispasmodic medicine was used.

—The Legislature of Illinois has appropriated $185,000, for a School for Feeble-minded Children. It will be located either in Jacksonville or Quincy.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——At a meeting of the Richmond Academy of Medicine, in January, Dr. C. Tompkins read a letter from Dr. Paul F. Eve, Nashville, Tenn., asking for succinct accounts of prominent practitioners in Virginia, to be incorporated in the biographical sketches of medical men of the South, to appear in an encyclopædia now being published in New York.

——The second part of Dr. Samuel W. Francis' "Curious Facts Concerning Man and Nature" contains thoughts on quite unusual subjects, as may be seen from the titles to the articles it includes, as, "Is the Sun an Egg?" "The Moon and Green Cheese," "Scanning in Therapeutics, or the Metrical Treatment of Disease," "Evolution in Atheism." Those who fancy out-of-the-way comparisons should get the work.

BOOK NOTICES.

A Treatise on Cutaneous Medicine and Diseases of the Skin. By H. S. Purdon, M.D., Physician to the Belfast Hospital, etc. London: Bailliere, Tindall & Cox, 1875. 1 vol., 12mo, pp. 272.

Dr. Purdon is known to medical readers in this country as the late editor of the "Journal of Cutaneous Medicine," a periodical very well edited during its rather brief span of life. The work which he now brings out is not so much from his own experience, as a compend of the extensive literature of dermatology during the last three or four years. He collects the opinions of very many of his contemporaries, and does not, perhaps, criticise them so closely as one could wish. His own experience, which must have been quite extensive, we should gladly have seen more definitely stated by a freer use of figures. As it is, the suggestions for treatment in his book are numerous, and generally so stated as to be of real utility—that is, without that eminent vagueness which not a few teachers deem appropriate in didactic compositions. This is not always the case, however. For defluvium capillorum he recommends "a pomade containing dilute citrine ointment, a little glycerine, and spermaceti ointment, rubbed into the scalp every night." Now, it would have been just as easy to give a working formula for this pomade. Every pharmaceutist knows how useless, for all practical purposes, is a recipe thus stated. Why physicians cannot learn as much, passes our comprehension.

The book contains twenty-three chapters, and gives, in brief space, a very satisfactory review of the latest advances in dermatology.

The Philadelphia Medical Register and Directory, edited by William B. Atkinson, M. D., etc, 1875. Cloth, 12mo, pp. 342. Price $2.00.

In the present edition, this work has undergone a very thorough revision, and has been augmented by a considerable amount of new matter. It may justly be considered indispensable to every resident physician of the city, and equally so to every medical visi or. A full list of the Medical Associations, Medical Schools, Hospitals, Dispensaries, and Charitable Institutions is furnished, with the requisites for gaining admission to them. Lists of Dentists, Nurses, Collectors, Makers of Surgical and Medical Supplies, etc., are also added. The Directory of Physicians includes both Philadelphia and Camden, and includes only those "who are believed to be practicing medicine in accordance with the Code of Ethics." As a medical guide book of the city, it is all that can be wished.

Medizinische Novellen. Zweite Lieferung. Von Dr. Bernhard Segnitz. New York, 1875.

The second installment of Dr. Segnitz's popular medical stories relates to measles, catalepsy, icterus, delirium tremens, intermittent fever, and chloroform in suicide. We have read that on delirium tremens, a story, the *heroine* of which is the subject of the disease, a person of princely blood, who proposes marriage to her cousin, fires a revolver at him when he declines the honor, and buries her grief in libations of brandy. Mania-a-potu results, of which the Doctor cures her, and by the personal influence of the prince regent her cousin accepts her hand, and they are presumably happy ever after! *C'est un peu fort*, but the story is not badly told.

THE

Medical & Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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THE PATHOLOGY OF ENTHEASM.

Those who have professed to teach their fellow mortals new truths concerning immortality, have based their authority on direct divine instruction. Numa, Zoroaster, Mohammed, Swedenborg, all claimed communication with higher spirits; they were what the Greeks called *entheast*—"immersed in God"—a striking word, which Byron introduced into our tongue.

The study of this condition, as described by those who have experienced it, is interesting, physiologically, legally, and historically. In the last number of the *Journal of Mental Science*, Dr. William W. Ireland has an entertaining article on "The Hallucinations of Mahomet and Others;" but it is rather taken up with discussing the sincerity of their assertions than with their explanation. The ordinary doctrines of hallucination are insufficient to solve the enigma of the combination of such profound philosophy with such credulity.

The question is twofold: How do great thoughts arise? Are they fostered by certain abnormal conditions which predispose to hallucinations?

The first of these inquiries would seem to have been clearly answered by the late researches in the automatic action of the brain. Dr. Carpenter states that he has for many years had the habit of making inquiries of distinguished artists, inventors, poets, and other creators, as to the genesis of their most original ideas; the reply he has always received is that these ideas rose in their minds suddenly, spontaneously, but very vividly, at some period when they were thinking *of some other topic*. The same result is reached by Mr. Francis Galton in his attractive work, published last year, entitled *English Men of Science*. In speaking of the nature of original thought, he remarks: "It appears to me that what is generally meant by genius, when the word is used in a special sense, is the automatic activity of the mind, as distinguished from the effort of the will. In a man of genius, the ideas come as by inspiration; in other words, his character is enthusiastic, his mental associations are rapid, numerous, and firm, his imagination is vivid, and he is driven rather than drives himself. All men have some genius. They are all apt, under excitement, to show flashes of unusual enthusiasm, and to experience swift and strange associations of ideas. In dreams all men commonly exhibit more vivid powers of imagination than are possessed by the greatest artists when awake."

These latter remarks apply forcibly in answer to the second query we have proposed. There is no sort of doubt that almost any one can have most striking visions by seeking them. This is so well known to the American Indians that at the age of puberty the youths and maidens are subjected to a fast, which is prolonged until their personal protective spirit appears to them. They intently await his coming, and the dominant idea gives its impress to the visions of a delirium brought about by loneliness, hunger, and thirst.

A most instructive, and unquestionably honest recital of this ordeal will be found, as related by CATHARINE WABOSE, a converted Chippewa, in SCHOOLCRAFT'S *Indian Tribes*, vol. i, p. 392 She fasted six days, taking nothing but a little snow, and describes accurately the scenes of her delirium, which she, of course, construed then as divine visions, and after her conversion, as diabolical visitings. Mysterious flames appeared in the heavens and around her, and supernatural visitors conversed with her.

In the condition called *chorea magna* such hallucinations are periodical. A typical case is given by Dr. STEINER in the *Jahrbuch für Kinderheilkunde*, 1864. A girl of thirteen, who had been brought up in a cloister, became subject to paroxysms, lasting a quarter or half an hour, in which she saw the heavens open, and conversed with God, the Virgin, and the angels. Change of scene, and a treatment of iron and zinc, cured her after six months. In less intelligent surroundings, those about her, and she herself would have fully believed the theopneustic character of these manifestations. On a large scale, and as an epidemic, chorea magna led to the celebrated "children's crusade," in 1212 and 1213, when the children sang songs, preached, and manifested the usual symptoms of the disease, attributed, at the time, by some, to God, by others, to the Devil.

Now, it is noteworthy that the first attack of inspiration, if we may be allowed the expression, which seized the teachers mentioned, took place after a prolonged fast and solitary musing. MOHAMMED passed weeks of lonely thought and deprivation before the "night of the divine decision," when the first Sura of the Koran was dictated to him in the cave of Mt. Hara. It was at the close of years of stringent ascesis that, seated under the tree of knowledge, BUDDHA says, "the eye, the knowledge, the wisdom, the clear perception, were developed within me." The hallucinations which accompanied this change, the temptations of the devil (Mara), are just such as we find in later narratives (see Koppen, *Buddhismus*, pp. 88–90). They are more than equaled by numerous passages in the hagiographs of the Middle Ages, where touching and noble sentiments are uttered by devotees subject to strange and even outrageous hallucinations, as in the *Revelations* of St. GERTRUDE, Abbess of Nivelles, in Brabant, of whom it is written, "post plures annos in monastica observantia sanctissime transactos, celesti sponso copulata est!"

The conclusion from such examples seems, therefore, justified, that the automatic action of the brain is largely favored by a condition approaching mental disorder—at least, by one remote from the ordinary working-day habits of thought; and nothing is more natural than that such sudden mental births should have been honestly regarded as divinely sent.

NOTES AND COMMENTS.

Therapeutical Notes.

HYSTERICAL SPASMS.

Dr. E. Chenery, of Boston, says, in the *Medical and Surgical Journal*, of that city:—

For many years, the writer's panacea in the treatment of hysterical spasms has been the internal use of a mixture of chloroform and laudanum, after the paroxysms have been relaxed by the inhalation of chloroform, so that the patient could swallow. One good dose of this mixture has usually sufficed to explode the fits, and persons who have been frightfully convulsed have in this way been speedily made "to take up their bed and walk."

ENLARGEMENT OF THE SPLEEN.

For this frequent sequela of intermittent Dr. Bernard has found much benefit from bromide of potassium, fifteen to thirty grains daily, continued several weeks.

CINQUEFOIL IN PERITONITIS.

In the Charleston *Medical Journal*, Dr. William Hauser strongly recommends the cinquefoil, *Potentilla reptans*, in puerperal peritonitis. He remarks:—

"In a large practice, of more than twenty years, I have never found anything, nor all other things combined, to equal this simple plant in the treatment of this exceedingly pain-

ful, dangerous, and sometimes stubborn disease. I have never failed with it once, in all this time, to the best of my recollection. My method with it is simply this: Make as strong a decoction of the plant, leaves, vines, and roots, as possible, and give the patient (at any stage of the case) large draughts of the tea, as hot as she can drink it, every half hour, or oftener, till she be thrown into full perspiration. All pain and fever will soon be gone, and then you have the entire mastery of the case."

A DRESSING FOR BLISTERS.

Dr. J. W. Foster writes to the Cincinnati *Medical News*:—

As a dressing for blisters I have used, with the best results, the simple warm water dressing, used in the following manner. After the blister surface is thoroughly cleansed of any remaining portion of flies and sponged off nicely, the vesicles clipped and relieved of the accumulated serum, I take soft linen or cotton cloths, a little larger than the blistered surface, fold them three or four thicknesses, then dip them into warm water and apply them over the blistered surface, changing the dressing every two or three hours.

Diabetes Mellitus.

The hereditary character of this disease has lately been asserted by Dr. R. Schmitz, in the Berlin *Klinische Wochenschrift* (No. 44, 1874). He thinks in most cases it is congenital and inherited. The importance, therefore, of avoiding its exciting causes is obvious, where it has already appeared in a family. Little sugar should be used; mental strain avoided; injuries and accidents, especially those affecting the head, should be carefully watched; and the urine always tested for sugar in such emergencies, so as to begin treatment early.

"Out of the Eater Comes Forth Meat."

The strongest counterblast against the Virginian weed that we have ever seen comes right from Old Virginia herself. It is in the shape of a report to the last meeting of the Virginia State Medical Society, by a committee, of which Dr. W. W. Parker was chairman. He states his conclusions as follows:—

1. That the use of tobacco is more revolting and obnoxious to the natural physical man than is the use of alcohol.

2. That to the uninitiated it is a more deadly poison.

3. That the *toleration* of it by the system is no evidence that the drug has ceased its bad effects upon the organism.

4. That the moderate use of tobacco causes more dyspepsia than the moderate use of alcohol.

5. That no young man should begin its use without first consulting the most intelligent physician in his neighborhood as to its probable effects upon his nervous and digestive systems.

6. That the testimony of smokers and chewers *themselves* against the use of tobacco is that it is *uniformly damaging*; far more so than is the testimony of drinkers against the use of alcohol.

A Diagnostic Hint in Old Ulcers.

In a lecture on chronic ulcers of the leg, in the Detroit *Review of Medicine and Pharmacy*, Dr. McGraw says:

"I will give you a rule for diagnosis. It has very few exceptions. *Idiopathic ulcers, which occur in the upper third of the leg, are syphilitic.* When you are called upon to treat such cases, inquire whether the ulcer originated in an injury; if not, treat the patient for syphilis, without further ado."

Winter Climates.

A gentleman who seems to have given close attention to the subject of American winter climates for consumptives, Dr. Q. C. Smith, of California, sums up his observations in the Nashville *Journal of Medicine*, thus:—

The most pleasant and best adapted part of the United States, as a winter health resort for consumptives, is in the belt of country bordering along the eastern base of the Rocky Mountains, not further north than the Arkansas Valley in Colorado, nor further south than Santa Fe in New Mexico. Further north than the Arkansas River Valley is too cold, and this is the main objection to Minnesota, a locality of considerable celebrity for the relief of consumptives.

The editor of the Missouri *Clinical Record* says, in a recent number:—

A physician who has recently returned from San Francisco, remarked to us in conversation, that the prevalent ideas entertained here of the beneficial effects of that climate in phthisis were quite erroneous. He stated that there are portions of California very well adapted as a resort for invalids of this class, but that consumption and emphysema, and other pul-

monary troubles, are extremely frequent in persons in the city and vicinity of San Francisco; that is to say, residents, not including persons brought there for restoration to health.

How to Give Powders to Children.

Speaking of irritable stomach in children, a writer says, in an English cotemporary, Gray powder is often eminently successful in these cases, "if it is swallowed," and the best way of exhibiting it or any other powder (I mention the method, not being able to find notice of it anywhere), is to direct the mother or nurse to moisten the tip of her forefinger with water or some viscid substance, as treacle, and collecting the powder upon it, rapidly smear it over the back of the child's tongue; the mouth is opened easily enough by touching the lips or gums with one of the fingers. The result over the ordinary exhibition with the teaspoon is quite encouraging.

Asparaginic Acid.

According to *Radziejewski*, the pancreatic juice, in its reaction on blood fibrin, produces asparaginic acid. The latter may be considered a product of the splitting up of the albuminates, both animal and vegetable.

Correspondence.

Remarks on a Case of Pleuro-Pneumonia.

ED. MED. AND SURG. REPORTER:—

I desire to make a few critical remarks on a case given in a clinical lecture by Dr. Wm. Pepper, in the REPORTER, October 31st 1874, He calls it "a case of simple pleuritic effusion."

"CASE. M. D., aged 30, was admitted to the surgical wards of Pennsylvania Hospital, complaining of pain in the right side, the result, he stated, of a fall which had happened a month before. As, however, no fracture of the ribs or other injury could be detected, he was transferred to the out-wards, but was readmitted to the medical wards August 26th, 1874.

"At this time he had severe lancinating pain in the lower part of the right chest; the respiratory movements were shallow, painful, and much increased in frequency; there was some dry cough, and a moderate amount of febrile movement; the surface temperature was 101.5°, and the pulse 112 per minute; the lower part of the right side of the thorax was perceptibly distended, and in the recumbent posture there was dullness on percussion extending up to the fourth interspace anteriorly and laterally, and as high as the spine of the scapula posteriorly; over this area there was absence of vesicular murmur, vocal resonance, and vocal fremitus."

Here is a very good description of a plain case of acute pleuro-pneumonia, as any tyro in medicine would readily see, requiring *active* antiphlogistic treatment. The patient was ordered potass. iodid and quin. sulph. Plenty of good food, and more than all at this stage of the disease, a *blister*. Bear in mind, this man's weight was 188 pounds, age 30 years, temperature of skin 101.5° pulse 112. A blister in the active febrile stage of a pleuro-pneumonia! And this embodied in a teacher's lecture to students of medicine, within the honored walls of the Pennsylvania Hospital!

Verily, Prof. Mitchell, of Old Jefferson, was wise when he said, "Gentlemen, you must make up your minds to forget many things which your teachers will tell you." The result of this treatment was just what might have been expected. Three days thereafter the case is reported worse in every respect, dullness on percussion, absence of vesicular murmur, temperature, respiration, arterial action all increased.

September 16th. Twenty-one days from commencement of treatment; no change in the condition of the chest. The patient has lost flesh; respiration 36 per minute. Here again the lecturer speaks of the "bulging" of the right side of the chest; why did he not measure the two sides accurately, and tell us how much "bulging" there was, if any? It would have been worth while to teach his pupils to measure the chest. I undertake to say that this very valuable sign of hydrothorax cannot be verified without the tape line.

It is not necessary to transcribe what follows: suffice it to say, that the symptoms, as detailed, point unmistakably to a solidified lung, from a bad attack of acute pneumonia, entirely neglected so far as useful treatment was concerned. And now comes in that "exudation of plastic lymph" which has done duty so often, and in so many parts of the human body, to cover errors in diagnosis and treatment.

This exudation of plastic lymph, he says, "is thickest posteriorly," and curiously enough, he selects this locality for his operation, and introduces the aspirator needle "*an inch and a half.*" He did not get through the chest wall. It would have been a *dry tap* at any rate, but if there had been ever so much fluid in the chest, he would have got none of it by such tentative surgical means as this. He is convinced now that the inside of the chest-wall is lined with *solid* lymph to an unusual depth, because he did certainly not touch the lung with the aspirator needle.

The treatment now is not so entirely bad as before. The blister now is in order, also the whisky and the good food; the potass. iodide and scoparius were, to say the least, useless. The treatment was continued for two or three weeks, the patient improving to some extent, when the abscess which had been forming in the lung tissue burst into a bronchus, and the man was saved, not on account of the treatment, but in spite of it.

Now allow me to protest against such doctrine

as this being sent out broadcast to the profession at large, as a specimen of sound practice, based upon the enlightened experience of the past and the theoretical knowledge of the present. S. M. Hamilton, M.D.

Monmouth, Ills.

Bromide of Ammonium as a Prophylactic in Angina Pectoris.

Ed. Med. and Surg. Reporter :—

This agent having survived the period of novelty, whatever relates to its therapeutics is of interest.

The following cases, which I transcribe from my case book, exhibit its properties in a new phase.

Case 1. I was sent for in haste to see Thomas B., a tavern keeper, aged forty-five, on May 2d, 1874. I found the patient suffering the most excruciating pain over the præcordia, shooting into the left arm, the forehead and face bathed in large drops of cold sweat, accompanied by a vivid sense of impending death. Paroxysms lasted about a minute. On examination of the chest, failed to find any signs of valvular disease or enlargement of the heart. He presented an aspect of health; suffered at times with dyspeptic ailments. By the use of hypodermic injections of morphia, and the inhalation of four drops of nitrite of amyl (which is one of the best remedies to relieve paroxysms of pain that we have in the materia medica), the patient was soon relieved of the paroxysms of pain. I then placed the patient upon twenty grains of the bromide of ammonium every four hours for twenty-four hours, and continued the medicine in ten to twenty grain doses three times a day for several months; has had no return of the disease. This man had been a sufferer from angina for three years.

Case 2. John S., aged sixty-five, a cooper by trade, consulted me September 5th, 1874. He had been for several years a dyspeptic, and for several weeks prior to consulting me had repeated attacks of angina; pain over the præcordia, extending into the left arm, accompanied by palpitation. The attack was brought on by active exercise, or mental excitement. On examination of the chest, no signs of disease of the heart were found. I placed this patient on bromide of ammonium, fifteen grains three times a day; he has continued the use of it to this date, and has had no return of the disease.

Case 3. Annie C., a young girl aged seventeen, was brought to my office the 10th of November, 1874. Menstruated at fourteen; since her menstruation, has been subject to nervous spasms, with severe paroxysms of angina. Pain shooting into the left arm, accompanied by a sensation as if the heart was compressed in a vise; the paroxysms occurred suddenly, lasted from a minute to half an hour, accompanied by a sense of impending death. An examination of the chest disclosed no signs of disease of the heart. Ordered this young girl to be taken from school, placed her upon tonics, good diet, exercise every day in the open air, and gave her ten grains of bromide of ammonium three times a day. She has had no attack since November; her health has improved so much that she has returned to school, and says she is enjoying the best of health. Rufus K. Hinton, M.D.

Philadelphia.

News and Miscellany.

Philadelphia County Medical Society.

The next Conversational Meeting will be held Wednesday, March 10th, 8 o'clock P. M., at the Hall of the College of Physicians.

Dr. James Tyson will read a paper, subject, "The Treatment of Bright's Disease of the Kidneys."

The medical profession in the city are cordially invited.

The University of Ann Arbor.

In a recent report to the Michigan Legislature, the Regents of the University of Ann Arbor state that the medical department is "in a high state of efficiency, with an actual attendance of three hundred and seventy students." The hospital, however, is described as "an old brick building, utterly unfit for the purpose." A bill was proposed to the Senate, asking an appropriation of $5000, to establish a homœopathic department, and the Regents express their willingness to manage the affairs of this department.

Long Island College Hospital.

The reading term of this institution, which began the first of October, 1874, closed February 20, 1875. The regular term begins Tuesday, March 2, and closes about the first of July. Among the improvements completed during the past year, is the building of the largest and most complete dissecting room, with one exception, in New York or Brooklyn.

Items.

—The deaths in this city for the week ending Feb. 27, were 404. Nativity—United States, 306; foreign, 91; unknown 7; from the Almshouse, 5; people of color 10. Males, 211; Females, 193; boys, 108; girls, 88. The number of deaths, compared with corresponding week of 1874 and of last week was as follows:—

Week ending February 28th, 1874, was 318.
Week ending February 20th, 1875, was 339.

—The following officers have been elected for the ensuing year by the Lawrence county, Ohio Medical Society:—

N. K. Moxley, President; C. M. Willson, First Vice President; F. R. Eakins, Second Vice President; J. M. Matthews, Secretary; Jona Morris, Treasurer; D. C. Wilson, James Moore and J. W. Winn, Censors.

—The Pennsylvania State Insane Hospital has received 6899 patients since its opening, 610 of whom were brought there by intemperance, 206 by religious excitement, 133 by domestic difficulties, and 1249 by ill health of a purely physical character.

—In the United States Circuit Court at Chicago, Judge Blodget has decided that a life insurance company is competent to restrict its liability in case of death brought on by the insanity of holders of its policies. This is in opposition to previous decisions on the subject.

—The Board of Health of Denver, Colorado, which is composed of physicians, have been urging the establishment of public urinals, and the licensing of prostitution, an example that cannot be too highly commended to other Health Boards.

—Mr. Hathorn, of Saratoga, attempted, the other day, in Congress, to have an import duty levied on foreign medicinal waters (which are now entered free). Fortunately, this selfish scheme failed.

—A writer in Hardwicke's *Science Gossip*, states that the toad, when bitten by a poisonous spider, eats, as an antidote, the leaves of the *plantago major*.

—No less than four bills, regulating the practice of dentistry, have been introduced in this session of the Illinois Legislature.

—An enterprising Oregon dentist advertises "teeth in exchange for wheat, pork or potatoes."

Personal.

—Dr. J. Solis-Cohen has removed to No. 1431 Walnut street, Philadelphia.

—Garibaldi, now in the Italian parliament, is taking an active part in urging sanitary reform.

—Dr. Fayrer has been elected Corresponding Member of the Academy of Natural Sciences of this city.

—It is stated that Dr. E. S. Dunster has resigned the Professorship of Obstetrics, in the Long Island College Hospital.

—Mr. Holloway, vendor of pills and ointments, has given a million dollars to establish a college for women, near Egham.

—Brandreth, of "Brandreth's Pills," pays a tax of one cent on each box of his pills. Last year the amount of this tax, for him, was $35,000.

—M. Pajot, who has lectured on obstetrics at the Paris Faculty of Medicine for the last thirty years, lately announced his intention of resigning his chair and retiring into private life. But six hundred of his pupils, warmly seconded by Professor Wurtz, Dean of the Faculty, addressed a memorial to him, begging him to reconsider his determination; and M. Pajot, touched by these gratifying evidences of gratitude and sympathy, has consented to resume his course during the ensuing session.

—Dr. H. D. Cooke, of South Londonderry, Vt., died on Saturday evening, Feb. 6th, after a short and painful illness of diphtheria, aged 30 years.

—The *Toledo Blade* tells of the commitment to the Northwestern Insane Hospital of Dr. Eugene Yates, of Port Clinton, Ohio, who has recently been in attendance at a medical college in this city.

QUERIES AND REPLIES.

Nux Vomica as a Tonic.

Dr. A. P. B., of Texas.—"Why is nux vomica a tonic for all animals born with eyes open, and a poison to those coming into the world with eyes shut?"

(Is not this question like that said to have been proposed to the Academy by Louis XIV—"Why does a tub filled with water not overflow when a live fish is placed in it?")

Hygiene.

Subscriber, Ga.—On Hygiene you can consult Parke's *Hygiene*, $6.00; Letheby *On Food*, $2.50; Halton, *Lectures on Sanitary Topics*, $2.50; Cameron, *Manual of Hygiene*, $5.00.

Dr. J. H. L., of Texas.—The best work on Psychological Medicine, of late, is Tuke's *Influence of the Mind on the Body*.

Anatomist.—The first conviction for stealing dead bodies for dissection, in England, took place Dec. 6, 1777, before Sir John Hawkins. The two defendants were sentenced to six months' imprisonment and a public whipping. See *The Polyanthea*, vol. ii, p. 30 (London, 1804).

MARRIAGES.

BAKER—HAYS.—On the 18th ult., by the Rev. Henry Morton Reed, Rector of the Church of the Holy Comforter, Charles Baker, M.D., and Mrs. Lydia C. Hays, all of Philadelphia.

GOETFREY—TURNER.—By the Rev. J. Ingraham, Feb. 23, 1875, Dr. F. H. Goetfrey and Miss Mary A. Turner, both of Belle Flower, McLean Co., Ill.

MCCLURE—ROBERTSON.—January 27th, at the residence of the bride's parents, by the Rev. W. P. Breed, D.D., W. McClure, M.D., and Bessie R. Robertson.

MAURY—GARDETTE.—In this city, on Tuesday, February 2, 1875, by the Rev. William Rudder, D.D., James Robb Maury and Julia D., daughter of E. B. Gardette, M.D.

SINGLEY—BOWMAN.—In this city, on the 4th ult., by Friends' ceremony, Dr. W. L. Singley, of Salem, N. J., and Fannie Bowman, of Byberry, 23d Ward.

DEATHS.

CORRIGAN.—At Washington, Ark., Dec. 20, 1874, of diphtheria, John Corrigan, aged 3 years and 9 months, son of Dr. A. N. Corrigan.

COX.—In Cincinnati, O., Jan. 29th, 1875, of pneumonia, after a brief illness, Dr. James E. Cox, formerly Surgeon of the Second Kentucky Volunteer Infantry.

LOTZ.—In New Berlin, Pa., on January 18th, 1875, Dr. Joseph Lotz, in the 76th year of his age.

MARSELIS.—In this city, on the 7th ult., Isaac N. Marselis, M.D., in the 74th year of his age.

SHIELDS.—At New Albany, Indiana, on January 29th, in the 69th year of his age, Pleasant Scott Shields, M.D., son of Judge Shields, deceased.

THE

MEDICAL AND SURGICAL REPORTER.

No. 941.] PHILADELPHIA, MARCH 13, 1875. [Vol. XXXII.—No. 11

Original Department.

Communications.

THE PREVALENCE OF INFLUENZA.

[In response to a request in the columns of this journal some weeks ago, various readers have kindly forwarded us letters describing the influenza in their localities, from which we make the subjoined extracts. Ed. Reporter.]

Dr. A. P. Brown, of Jefferson, Texas, writes:

Epidemic influenza has prevailed here very extensively for the last two months, yet the mortality has been small. Some cases have been complicated with diphtheria, yet most of the cases coming under my treatment have been of rheumatic or neuralgic origin, and I ascribe this to exposure during the long wet spell of weather during December and January last. Jefferson is in longitude 94° 15′ west of Greenwich, and latitude 32° 45′ north, and four hundred and sixty feet above the level of the sea. The soil is sandy, with clay foundation. Iron pyrites and conglomerate iron, with honeycomb iron ore, is in great abundance on the north and west side of the city; and the water is nearly all impregnated with iron, and various salts, with a trace of iodine and sulphur. We are at the head of navigation on Cypress Bayou, eighty miles above Shreveport. The timber is gum, oak, hickory, pine, cypress, black jack, bay locust, walnut, haw, etc.

This city is peculiarly exempt from epidemic diseases. I treated three cases of genuine vomito in refugees from Shreveport, during the prevalence of that terrible epidemic of 1873, and it did not spread; and to allay the fears of the Howard Association and my friends, I called it black jaundice, or toxicæmia, which we always have here in the spring and summer. I believe it came like the epizootic did, on a wave current from the east, for I heard of it far east of this place before it reached us, and in conjunction with the damp weather, developed here. At all times, when the wind is from the east for three weeks, half the population here are stricken down with chills and bilious fevers, which are generally easily managed. I will give you some of my cases, with treatment, commencing with a very unusual complication.

Maud L., brunette, æt. nine years. Mitral complications with chronic trouble of the superrenal capsules; was under treatment for latter; had been taking tr. digitalis and elix. citrate lithia. Felt sick January 15th. Sore throat; hoarseness; diphtherial patches on parotid glands; pains in the limbs; flushed face; pulse 110; bowels constipated (and this has been almost universally a symptom of the cases coming under my observation). I used muriated tr. iron to the patches, put cold wet cloth to throat, and gave

℞. Hydrarg. chlor. mitis, gr. iij
Pulv. doveri, gr. ij
Podophyllin, gr. ss.
Sig. Take at once.

And prescribed,

℞. Ferri et pot. tart., ℥j.
Quin. sulph., ℈j.
Spts. nit. dulc.,
Elixir simp., āā. ℥iss.
Tr. aconite F., ℥ij.
Ol. gaulth, gtt.x. M.
Sig. Teaspoonful every two hours.

Rested badly at night; bowels moved, and vomited the mixture; and on my visit, 16th,

I changed to salicine instead of the quinine, adding dover's powder, grain ½; left off aconite and applied turpentine stupe over the lungs; pulse 130, and intermitting and feeble; appetite entirely gone. I continued this treatment, together with whisky and eggs, a few days, and the little patient seemed "to stand still." Typhoid symptoms came on, and I put her on turpentine and mucilage of acacia, with pot. chloras, and ordered acid baths over the spleen, stomach, and liver, with alcohol baths to the body and extremities. She gradually improved on this treatment, and on the third day the cough seemed to be a little more frequent and distressing, and she voided about one hundred and fifty pentastomata of Frerichs (see Aitkin's Prac. Med., page 874, Vol. 1). This was the second time I had ever seen this parasite, and I examined it well under a microscope. Patient improved slowly and is now up again.

Black man, mill hand, æt 25; stout; just out of gonorrhœa; was exposed; saw him January 27th; pulse 110; slight cough; bowels closed up eight days; could only use mouth, tongue, and hands; complained of having pain in calves of legs. Gave morphia hypodermically, one grain, and

℞. Hydrarg. chlor. mitis, gr.xx.
Pulv. podophyllin, gr.iij. M.
Sig. Take at once.

And ordered his bowels washed out thoroughly with warm water, through a pump syringe, and to be rubbed with coal oil wherever he complained of pain, and apply hot bricks to feet, between legs, and to sides, and gave

℞. Quin. sulph., ℥j.
Pot. chlorat., ℥ij.
Tr. gelsem,
Tr. aconite, F., āā. ℥iij.
Spt. nit. dulcis.,
Elixir, āā. ℥iss. M.
Sig. Teaspoonful every three hours.

Rapid recovery.

Mrs. ——, æt. 33, stout; pain in and over left shoulder, with this peculiar epidemic. Stiff in joints; pale and yellow; pulse 85; no cough; little appetite; gave

℞. Mass. hydrarg., grs.xv.
Hydrarg chlor. mitis, grs.iij.
Pulv. podophyllin, gr.j. M.
Sig. Take at once.

Fever subsided as soon as this acted; patient all right.

Anna B., æt. 20, robust and active; caught cold on cars. Pulse 100; face flushed; cough moderate; throat sore; bowels constipated; extremities cold; gave

℞. Mass. hydrarg., ℈j.
Morphiæ, gr.j.
Podophyllin, gr.ij. M.
Sig. Take at once.

Bowels did not move as desired, and gave one ounce of sulph. mag. in one seidlitz powder and water; moved bowels; fever and pains in neck and shoulders subsided. Gave same recipe as to black man. Nausea ensued, and I gave seidlitz every twenty minutes, until relieved. The last two cases did not go to bed.

R. B., æt. 35, active, robust. Influenza commenced on him with pains in neck and shoulders, with a slight cough, and conjunctivitis. Gave same pill as to others, and treated the eyes with

℞. Sulph. cadmii,
Plumbi acetat, āā., grs.ij.
Morphiæ, grs.ij.
Aquæ rosæ, ℥j. M.
Sig. Apply ten drops to eyes, ter die.

And gave quinine. In three days patient all right.

The pains in this disease are very distressing, and when, in some other cases, there has been rheumatic complications, I have given ready ease by the hypodermic use of morphia, with insulation of bed, and

℞. Propylamin, ℥ij
Elix. cit. lithiæ, ℥vj.
Liq. opii. sedativ, ℥iij.
Sodæ bicarb., ℥j. M.

Sig. Teaspoonful every three hours, with caution to watch for angina pectoris, and stop the recipe when it occurs.

This latter treatment I consider as near specific as we can get to with present knowledge. Half the men we meet on the street have this influenza, but very few go to bed for it. This is about all of interest I have observed, and hope it will be of profit to the faculty.

Dr. S. L. Jones, of Ogden Centre, Michigan, writes:—

We, too, are having an epidemic of influenza, but thus far rather mild, no deaths having occurred from it, to my knowledge. It is characterized by all the symptoms mentioned by Dr. J. Butts, in the Reporter, for February 6th, especially the wheezing cough, loss of strength and sleeplessness; also, dryness of the nasal passages; the tonsils and fauces

having a bloodless, blanched appearance, the bowels torpid, resisting the effects of cathartics quite considerably.

My treatment of these cases has been on general principles, a little hydr. cum creta, followed by castor oil, to unload the bowels, bromide of potassium or hyoscyamus, to procure rest and sleep, and quinine as a tonic. I find glycerine and carbolic acid (a drop of the latter to a teaspoonful of the former) will act as a charm in restoring the nasal secretion of children. I usually drop a couple of drops in each nostril several times during the twenty-four hours. When the "nose runs" the mother is relieved, whether the child is or not.

I saw very bad effects from opium administered to one of my patients by a physician who was called in, in my absence, and who pronounced the case "lung fever." I find a good supporting diet essential in all my cases.

Dr. T. J. Baker, of Andover, New York, says:—

We notice in your valuable journal reports of the prevalence of influenza in New York City, Brooklyn, and also in parts of the west. It would seem that it is truly epidemic in character, and widespread at that; for it is prevailing among us to an extent altogether unusual; hardly exceeded by the epidemic of two years ago, which marched from the Atlantic to the Pacific, sparing neither man nor beast. So far as I know, man is the only sufferer in this epidemic. The symptoms are a short, dry cough, a sense of tightness and constriction about the throat and chest, some headache; accompanied with a general feeling of languor and debility. I know of no fatal cases. Congestion and inflammation of the lungs also quite common, and prove to be obstinate to treatment, though the per cent. of death is not large. Sporadic cases of diphtheria present themselves, but it seems to be in a mild form, and yields readily to curative measures.

Dr. M. C. Wallace, of Brightsville, S. C., writes:—

We have for the last six weeks been passing through an epidemic influenza; it is widespread; but few are exempt from it; the disease is altogether new in this section. The general symptoms are a dry, hacking cough, high fever, a loss of strength and appetite, sleepless nights, in the most cases complicated with sick stomach or neuralgia; the treatment has been expectant, with a very small mortality.

Dr. Baker sends us the Lansing *Republican*, of February 5, with the following paragraph:—

A sort of epizoötic prevails among the human species throughout this region. It is accompanied with a tearing cough, influenza, and sore throat combined, from which the patient suffers about two weeks; and for at least three days of the time neither earth nor any other place on the map possesses any charms. Those who try to tinker themselves up with quack doses are the worst sufferers.

Dr. C. W. Frisbie, of Fort Plain, New York, says:—

In answer to a request in the Reporter, I would say that we have been having quite an extensive epidemic of influenza in this locality, for the past two or three weeks. I think three-fourths of our inhabitants have been affected. There have been no fatal cases, although some cases have had severe complications.

Dr. Y. Stephenson, of Brown county, Ohio, also reports it frequent in his locality.

VARIOLA, ITS ZOOPHYTIC ORIGIN AND ITS TREATMENT.

BY A. S. VON MANSFELDE, M. D.,
Of Chicago, Ill.

We welcome the men who abhor the use of phrases to cover ignorance. Among many such bombastic utterances, we recognize as the prince, *blood poison*—diphtheria blood poison; ague blood poison; small pox blood poison; typhoid fever blood poison, et cetera, ad nauseam.

This is what Dr. Hiram Corson, our highly esteemed friend, writes, under date of June 22d, 1872:—"To begin this subject properly, I must say, that I do not believe in the blood being full of small pox poison. . . .If you believe this, I do not. I believe the blood of a small pox patient, at the beginning of the eruption, or at its height, scarcely differs from that of a patient in fever, or in one suffering from a fractured and suppurating thigh during febrile excitement." We do not only believe this, but we are satisfied that such is the case. We know that small pox does not owe its existence to a blood poison, but to the presence of a species of *zoophytes* in the skin, not in the blood, which is only used for migration; we also know that the disease proper is nothing but physical changes necessarily produced in the skin by the presence, the growth and the propagation of these same zoophytes (perhaps the amœboidæ of Haekel).

Dr. Cohn, of Breslau, Silesia, says the path ology of small pox is explained by the presence of *animal* parasites in the skin. See MEDICAL AND SURGICAL REPORTER, vol. XXIX, No. 19, page 329. Here we have dry facts, facts which we have conceived with no knowledge of the studies of this German *savant*, leading him to the same conclusion. Yet what of these conclusions, if not applicable? If small pox consists in a series of changes produced by the presence, growth and reproduction of an animal parasite, then the laws which govern the being, the life and the multiplication of such animalcule are applicable to the method of its extermination. Therefore, if we cut short the animal in its earlier existence, we will prevent all the effects which surely follow its propagation.

We will not consider vaccination as a cure, but simply state that by it the brooding place of the zoophytes is destroyed, by derangement of the elements of the stellate cells of the true skin (connective tissue cells.) We will accomplish our object by the following treatment: Take the patient (at any time, *i.e.* stage, of the disease, from its outbreak to the suppuration of the primary eruption) and put him into a bath composed of water, at a temperature as high as he can bear (for the first time, afterwards cooler), mix with it some borax, to soften the water, and a quantity of carbolic acid, not as much as could interfere with his life or comfort, and proceed to rub him well (the soft brush used to brush black silk hats will answer best); bathe him as you would with no idea of small pox upon him. Give him something, if necessary, to prevent any of the symptoms that may appear when the sick are bathed—fainting, pain etc.—from a dose of chloral hydrate or morphine down to a sup of brandy. This done, take one of those soft camel's hair brushes used for graining purposes, and shaped like a whitewash brush, and whitewash your patient, from head to foot, with the following mixture:—

℞. Chlorali hydratis camphorati, ℥iv.
Acidi carbolici, ℥ij.
Olei amygdalarum dulcium, ℥x.

(The chloralum camphoratum to be made by combining chloral hydrate with camphor, four ounces of each. If put into a bottle for twenty-four hours these will have formed a syrupy liquid, which we may properly name as above. This mixture also dissolves the alkaloids and their salts, as aconitine, morphine, etc.) Then wrap him in a large sheet and put him to bed, and give him all the attention a healthy body, and, we hope, a healthy soul, may demand. Repeat every day.

This procedure, simple as it is, will nevertheless do the following:—

1. Abort the disease before it has reached the stage of suppuration.

2. It will, when commenced too late, prevent the secondary fever, *i. e.* secondary suppuration, and its consequence, *pitting*.

3. Last, but not least, *that patient will not and cannot infect others*, he becomes harmless, therefore a being not to be dreaded and not to be *neglected*.

We desire to say that we have not had a chance to put to practice our deductions, excepting crude experiments, based on the external treatment of small pox, yet sufficient to convince us that in this direction *only* we have to look for success; but if our pathology be true, the treatment *will be true*. We have no small pox in Chicago, but our efficient Sanitary Superintendent, B. C. Miller, M. D., has promised us the first case he can reach.

THE ANATOMY OF THE PENIS.

PHYSIOLOGICAL REMARKS ON ERECTION.

Translated for the MEDICAL AND SURGICAL REPORTER, from *Hyrtl's Handbuch der Topographischen Anatomie, Zweiter Band, p.* 73,

BY DR. J. C. M'MECHAN,
Of Cincinnati.

(*Continued from page* 109.)

An increased flow of blood to, or a decreased flow of blood from, the penis, or a combination of both, is necessary for erection. An increased flow of blood to the penis is caused by an increase of vital nerve influence; a decreased flow from it is caused by a compression of the excretory venous trunks of the penis by certain muscles, and also by the displacement aimed at, which during the augmentation of erection should make the points of transition of the parenchymatous veins into the superficial veins placed *extra albuginea*, smaller, through contraction.

The necessary nervous irritation for arterial congestion may proceed from the central organ of the nervous system, or may act upon the peripheral end of the nerves of sensation of the penis, or exert an influence at a chosen point of their course. The erection occurring during the concentration of the mind in the sexual direc-

tion, causing direct irritation of certain organs of the central nervous system, likewise its occurrence during mechanical irritation of the external genitals, or through irritation of the pelvic nerves by the swollen seminal vesicles, the base of the bladder in cases of stone, the rectum in cases of hemorrhoids and irritation caused by worms, the prostate in hypertrophy of that organ, of the urethra in gonorrhœa, of the fundament in urtication, *et cetera*, are the borders for the central or peripheral seat of the irritation of erection. Without regarding all the morbid causes, the phenomenon of erection stands in the most intimate relationship with the imagination. In no other function is the consummation of the function so intimately connected with the thought of the same, and yet so independent of it, as in the preparation bestowed upon an erection necessary for coition. Individuals endowed with great sexual potency can cause an erection of the penis according to desire, which others, with the best will, cannot do. Imaginary weakness and distrust of one's own procreative power, bashfulness, want of courage, brought about by temperament, education, or peculiar circumstances, causing timidity of the newly married, are not infrequent causes of the wedding night being passed unsuccessfully, until, becoming accustomed to the situation, one gains more self-confidence, or the force of impulse gains the upper hand, and the unfettered activity of the sexual function returns. Also, the belief in the plaited knot, existing in the middle ages, belongs to this category, and the Italian adage, "a tavola ed a letto, non portar nissun rispetto," like all adages, was taken from life.

The Role the Muscles of the Corpora Cavernosa Play in Erection.

The organic muscular fibres in the meshes of the erectile tissue, recognized by Hunter and Stanley, and confirmed by J. Müller, and also by Kölliker, play, in the mechanism of erection, a principal part.

Kölliker first expressed the opinion that the muscular elements in the frame work of the *trabeculæ* of the corpora cavernosa continue in a constant state of contraction, and during erection pass into a state of relaxation, by means of which the spaces of the frame work are enlarged, and by the influx of arterial blood become superabundantly filled. This view was not without opponents, who could not favor the idea that the cause of erection, necessarily an irritation, contrary to precedents in other muscles, should cause a relaxation of the muscular fibres of the *corpora cavernosa*. They further found it displeasing to think that the muscles of the *corpora cavernosa* should remain continually in a state of contraction without exhausting their strength, and from birth until the age of puberty not enjoy a moment of rest or leisure. They also could not resign themselves to the thought of recognizing a relaxation of the muscles as a *signum vigoris*, and believed they had logically to conclude that erection would have to accompany all weaknesses of the genitals, and even the death struggle, where all the muscles cease to act. But also, just as certain, the mechanical action of the heart would have to cease, which fact they have overlooked.

Without entering into a particular criticism of this question, which properly belongs to physiology, it will only here be said that Kölliker's conception of the subject finds a powerful support in other allied precedents. The relaxation of the sphincters during defecation or micturition, and the local congestions occurring in isolated portions of the circulatory system, which can only be explained by the irritation of inflammation causing relaxation of the circular muscular fibres of the arteries, are precedents which depend upon the same connection of events as that supposed by Kölliker to take place in the *corpora cavernosa*, and do not allow the latter occurrence to appear as isolated as his opponents imagined it to be.

Through the simultaneous occurrence of relaxation of the contractile elements in the spaces of the *corpus cavernosum*, and in the walls of the arteries of the penis, the resistance becomes less which acts in opposition to the blood, in its passage into these spaces in the relaxed penis, and that organ will become the more swollen and stiff the smaller the amount of blood is that is conducted away from the corpora cavernosa.

The Impeded Flow of Blood from the Penis as a Cause of Erection.

If an increased flow of blood to the penis must be mentioned as the most efficacious agent in causing erection, it would still be a mistake to seek in it the only cause of erection. The veins which conduct the blood from the penis are so voluminous that they would be able to conduct a much larger amount of blood from that organ than the arteries of the penis in a given time, during erection, could conduct to it, if the reflux of the venous blood did not at the

same time undergo a hemming. This hemming of the blood, taken alone, could, of course, cause the penis to be richer in blood, and thereby more swollen, but could not cause complete stiffening and hardening of the same. A swollen penis is not necessarily a stiff one.

Anatomists have sought to explain the hindered return flow of venous blood, through muscular pressure on the great venous trunks coming from the penis. The compression of the *vena dorsalis* brought about by a bundle of the *ischio-cavernosus* ascending on the dorsum of the penis, and that of the posterior *venæ circumflexæ* by the *bulbo cavernosus*, as likewise that of the *plexus santorini* in the pelvis by the *adductor* prostatæ, is indeed not sufficient to explain the process of erection, as the muscles named, obeying the will, can be set in activity without causing any change in the lax penis. These muscles are also, during the maximum of erection, so slightly contracted that we can voluntarily cause an increase of their contraction, and thereby the familiar swinging movement of the penis without increase of its turgescence. As the whole occurrence of erection has so little similarity with a phenomenon depending upon the action of muscles, we can waive entirely the consideration of their action in explaining this phenomenon.

Hospital Reports.

BELLEVUE HOSPITAL—CLINIC OF PROF. JACOBI,

Professor of Diseases of Children in the College of Physicians and Surgeons, New York.

Prof. Jacobi recently delivered a clinical lecture at the Bellevue Hospital, in which he spoke substantially as follows:—

He said that some of the gentlemen present at a former interview would probably remember a few remarks made on that occasion, upon inflammation of the capsules and ligaments of joints. He would at this time make a few remarks upon

The Treatment of Bone Disease.

The treatment of bone disease depends a great deal upon seeing it during the first stages. When it is seen at the beginning of the trouble, the treatment will be different from what it would be if it were seen at a later stage. There is only one form of inflammation of the bone that will bear iodide of potassa, and that is periostitis. Periostitis is not such a frequent disease in the young as in the old. It is seen particularly in what has been called scrofula, in patients who have suffered from purpura, and in those who have been very poorly nourished. Whenever a cure of bone disease in children is seen, it is very rarely periostitis, it is most commonly ostitis. As a rule, whenever there are present syphilitic symptoms in the infant, there are to be found syphilitic symptoms in the adult. Pain, slight fever, seldom any pus. The pure form of periostitis is of very rare occurrence. In such cases the prognosis is always doubtful. In the general run of cases of periostitis, no matter from what cause, iodide of potassa, to which iron may be added with advantage, should be given; give it freely, both alone or in combination. Iodide of potassa in combination with iron will give better satisfaction, as far as the absorbent effect is concerned, than if given alone. The Professor generally preferred the iodide of sodium, because, although it is more expensive, it does not have such a disagreeable taste; and the symptoms of iodism are not so frequently met with by the use of iodide of sodium, as after the iodide of potassium.

Whenever a case of periostitis is met with in which the presence of pus is diagnosticated (and it may be very infrequently met with), do not be in a hurry to make an incision. An incision will very soon be followed by an exfoliation of portions of the bone. Let it alone. The liquid portion will pass away, while the solid portion may remain as an additional layer between the periosteum and the bone, so that the bone may appear thickened. This will take place especially if the above line of treatment is pursued, with the addition of cod liver oil.

Case 1. A very young child, six months old, affected with a form of disease very frequently, in all probability, met with in practice. One leg was drawn down upon itself, while the other was comparatively straight. One knee was very much larger than the other. The mother said that very little treatment had been resorted to, simply washes, liniments, and the like. There was no swelling of the bones, but there was evidently swelling of the soft parts, which had manifested itself very rapidly from day to day. It had been reduced in size considerably, during the preceding four weeks.

This, said the Professor, was, in all probability, synovitis. Now, he continued, what was to be done. Give it rest. Lay the patient in bed, or what is better, rest the limb in a soft splint, and apply ice. Very probably ice and rest will be sufficient for some time. After the fever has subsided the bowels should be kept regular, the kidneys looked after; give either digitalis or quinine, if there is a high temperature, and as soon as the fever goes down, iodide of potassium should be given, for the purpose of promoting absorption, not only of the liquid contents of the synovial sac, but in order to promote new tissue formation. After this, warm applications will be found agreeable. When the inflammatory processes have disappeared, it will be found that the tendons will be contracted more or less when an attempt is made to extend the limb. This should be counteracted by gently trying to extend the limb several

times each day. Some time should be given to this operation, in order to prevent the tendons from contracting too much, and thus forming a permanently crooked limb. Iodide of potassium should be given, either with or without iron, or the tincture of iron might be applied externally.

The babe was quite pale; the lips were of a whitish color. There were some general symptoms of mal-nutrition present, which were worthy of observation. The child was six months old, and yet it had almost no bone. The occiput, in some places, was almost entirely bare. There was a great amount of perspiration upon the head. Such perspiration in children is caused by an over-activity of the glands, which is the result of a hyperæmia. It is a result of irregularity of the circulation, and is found to be present in rachitic children. The teeth, too, being present, have appeared too early.

The treatment ordered was iodide of potassium and an anti-rachitic treatment, generally. The food should be changed, and should be given out of a bottle. It should consist of equal parts of barley water and milk, seasoned with a sufficient quantity of sugar and salt. At the same time, the child would do well upon beef soup, of sufficient quantity; and it should nurse less. It would do well upon the iodide of iron. the tincture of the muriate of iron, and upon what is generally known as chemical food.

At the same time, the limb should be laid in a soft splint, in order that it may be protected from chance injury.

He had spoken of periostitis as being one of the principal causes of swelling. Care should be taken not to diagnosticate periostitis from that fact alone.

The second case was a mild form of scoliosis, occurring in a boy about ten years of age. The spine, especially at the cervical portion, deviated from a straight line. This was determined by placing a tape line upon the sacrum and the first cervical vertebra. This will show any variation from a straight line. It deviates to the right.

There were one or two points in connection with his chest which were of interest. It was what is known as an elliptic chest. The ends of the cartilages were prominent, and on percussion there is a flatness in the sound on one side of the manubrium, as compared with the other. This was caused by the thymus gland, which had not followed the usual natural course. Under ordinary circumstances, this little body grows very little after birth. When the child is four or five years of age it begins to diminish in size relatively to the size of the body, and it soon disappears, with the exception of a few thread-like remains of connective tissue, and at the age of ten years absolutely nothing can be found. When this process of retrograding metamorphosis takes place gradually, there is no dullness; but when the thymus gland does not diminish normally it can be diagnosticated by percussion. As a rule, when there is a good deal of swelling of the thymus gland, the individual possesses a scrofulous habit; such individuals are very poorly developed. Besides, there will not only be dullness on percussion in persons of enlarged thymus gland, but a considerable enlargement of the bronchial and tracheal glands. It is just such rachitical children who suffer most from tracheal and bronchial catarrh, which are so difficult to cure. In such children, the bronchial glands are always considerably enlarged. They are enlarged in the same manner as the mesenteric glands in subacute and chronic diarrhœas. In that case everything—the shape of the chest, the prominence of the costal cartilages, the percussion sound over the manubrium sterni, the prominence of the upper portion of the dorsal cartilages, and the scoliosis—shows a condition of mal-nutrition and a generally poor development.

In connection with the subject of scoliosis, it had occurred to him to remark that it is seldom that a body presents a condition of perfect symmetry. The two sides of the body, the face, hands, feet, are seldom alike. There is always a deviation; one is almost always a little larger than the other. In fact, he did not know a person the two sides of whose face were entirely equal.

Now the vertebral column, being composed of ever-so-many bodies, joined together by ever-so-many intervertebral cartilages, it is not at all strange that the absence of symmetry which is so often found is discovered. If there should be only a slight difference in the thickness of the bodies of the vertebra, the column must fall to the one side or the other. He had no doubt that almost every body would be found to be scoliotic, if there were not a correction at once. There is always a compensation in these cases. If there is a scoliosis on one side, the body will lean over to the other; and this compensation takes place voluntarily. The tendency is always to hold the body erect.

Moreover, he would direct attention to the fact that the pelvic bones, when taken from the body, are seldom alike. They are generally of different size. And from these causes the vertebral column will deviate in one direction or the other.

In a number of cases of bone diseases, the Professor said he had resorted to a rather novel treatment. The ancient treatment, for such a boy, would be to put him in good condition, and let him alone. He had attempted a different plan. He referred to phosphorus. It was a number of years ago that a German anatomist fed a great many hundreds of rabbits, whose bones he had broken, on phosphorus. He found that fractures of bones would heal rapidly when fed on food containing minute quantities of phosphorus. He did not speak of phosphoric acid, that is a very different question. When phosphate of lime is given in rachitis, it is found that it is just as speedily eliminated as it is introduced into the system; and then it is really doubtful whether it is of much use or not. He was in the habit of prescribing phosphate of

lime, because it is still believed that some portion of it will be retained in the system; but eventually it will be found that there is but a very unsatisfactory result. With phosphorus it is different. This gentleman found that when he fed these rabbits on phosphorus, a large amount of callus was thrown out, and in a very short time, relatively, the bone was healed. He says, himself, that "he had no chance to try his method upon the sick, etc." When the speaker read this paper, it occurred to him to try phosphorus in bone disease. He had since done so in a large number of cases, both subacute and chronic, both in private practice and in clinic; and a large number of them have undoubtedly been benefited by it; he had now a number of cases of caries, subacute and chronic; and pure periostitis got well under this treatment when it would hardly be expected.

The dose should not be more than one twelfth to one-tenth of a grain to an adult, or one-thirtieth or one-fortieth of a grain four times a day to an infant, in the proper menstruum. It should be given after meals, mixed with mucilage, or barley water, and at the same time give a little iron. This use of phosphorus as a remedy for bone disease should be remembered, for it cannot yet be found in the books nor in the journals. He hoped he would find time to prepare an article upon the subject ere long. He believed it to be a good addition to the treatment usually adopted.

Case 3. A babe, eleven months old, suffering from hereditary syphilis. There were a number of swellings on the hands, and on the feet there were soft protrusions; there was swelling of the first phalanx of the finger, containing pus, but no fluctuation.

The usual form of bone disease in the adult is periostitis. The usual form of bone disease in the infant is ostitis in its different forms. This was present in this case; simple bulging out or dilatation of the true shell of the bone.

He opposed the idea of incision in this state of things; but he urged the importance of pursuing an anti-syphilitic treatment. If this is done, the swelling will go down. If there is fluctuation, the probe should not be used. If it is, exfoliation will take place, and the child would undoubtedly lose one or more bones of the hand. Therefore, do not use incisions in purulent periostitis in the child, unless there is perforation of the periosteum, and there is a burrowing of the pus in the connective tissue; then it would be necessary; and it can be done in such a way that there shall be no communication with the atmosphere. The aspirator had better not be used. The child should take calomel in its mildest form, about one-sixth of a grain or one-third of a grain, three times a day, and in a week or so an improvement can be looked for, and in six weeks it ought to disappear altogether.

He also recommended that the parents, especially the father of the child, be put on an anti-syphilitic treatment. He proposes to the mother to tell her husband,

1. That he has been sick.
2. That he is sick still.

He may think himself cured, but he is sick this very day. He probably had it ten or fifteen years ago, and the infection still lurking in his system was of sufficient power to infect his infant. He recommended that the whole family be placed upon an anti-syphilitic course of treatment.

He said that it is probable that the large number of diseases that we see in childhood, extending into manhood, into adult life, exhibiting themselves in the abdominal cavity, are due to syphilis. And that, if placed on a mercurial treatment, a large proportion would recover. He would repeat the observation that he had already made a number of times; *that the great reputation which calomel has gained in the treatment of every sort of disease, is in consequence of the fact that a large number of forms of disease are due to hereditary syphilis.* Whenever the physician has to deal with syphilitic disease, no matter of what description, generally, mercury will do good. There may be suppuration, and pus, and other consequences, due to syphilis; give calomel, give mercury in various forms. There may be chronic pneumonia, or pericarditis, or consumption, due to the same cause; give calomel, and success will follow in many cases, in a very short period, when success was not thought possible.

The professor concluded, by a few remarks upon the subject of empirical and scientific conclusions regarding the action of medicines, with special reference to the action of calomel in various diseases.

Medical Societies.

COLLEGE OF PHYSICIANS OF PHILADELPHIA.

February 3, 1875.

Dr. S. Weir Mitchell read an essay on

The Use of Nitrite of Amyl

In various forms of spasm. and its value as an aid in diagnosis, from which the following extracts are taken. The first case reported was that of a young man, aged 23, epileptic from excesses in masturbation and venery:—

Many remedies have been vainly employed, and even the bromides in full doses failed to do more than lessen the number of attacks; while strychnia, valerianate of quinia, zinc, and other agents, have all alike failed to afford relief.

I made many experiments with a view to cutting short the fit by interfering with the precedent local spasm; but neither blisters along the nerve-tracks which are not tender, nor a ligature tightly applied, proved of any use. I then gave the patient a drachm of chloroform in a phial, directing him how to inhale it from a handkerchief, but soon found that he was un-

able to inhale enough of it to serve his purpose. As a last resort, I gave him, in a very small phial, three or four drops of nitrite of amyl, and showed him how to inhale it, by putting the open phial up one nostril, while with one finger he closed the other, and then made a few full inspirations. The first attempt failed, because, as he said, the spasm of the left limb made him nervous. On the second occasion he began to breathe it the instant the fingers twitched, having pulled the cork of the phial with his teeth. In a few moments he felt his face flush, the carotids beat violently, his head felt full, and, the spasm ceasing, the attack at once, and for the first time in his experience, was cut short. Four days later he thus cut short another attack; and the experiment has since succeeded in eleven fits, and failed, from too late use of the nitrite, in two. Moreover, the attacks have lessened in frequency, and now come on only once in ten or twenty days. Not only is there no evil effect from the drug, but his memory has improved. He is again taking bromide of lithium.

The case above quoted has since then continued to improve. During the last two years and a half he has had only seven fits, the last being nine months ago. I said seven fits, but in reality only one fit, all of the others having been cut short by the nitrite. A year ago he ceased to employ any bromide, and has been since then using only phosphorized cod liver oil with strychnia.

Since this case demonstrated for me the remarkable power of this agent to check spasm, I have given it for that purpose a number of times, its value being limited by the rarity of cases in which there is time to secure its full inhalation. In some of my examples the chance of using it has been occasional only, not all of the attacks affording the time needed to secure its value.

J. C., æt. 32, was a good case of this. He had fits about once a week. The persistent use of thirty grain doses of bromides kept the case in control; but two or three days' omission of this agent was sure to bring about a return of the attacks. His fits came on with a violent spasm of the thumb of the right hand. In most instances they became general too rapidly to admit of interference, but perhaps once in three or four times there was at least a minute of painful spasm of the right member before the loss of consciousness. On four occasions this man was able to use the nitrite, and in each case the fit was aborted.

In both of these cases the warning was in the form of a commencing unilateral spasm. In the following case there was a gastric aura which preceded the fit by an interval so long as to enable the sufferer to inhale the nitrite.

Miss E., æt. 26. Has had epilepsy seven years. Her whole history it is needless to relate. About one minute before the fit comes on, Miss E. has a sense of what she calls "goneness" at the epigastrium. This sensation passes into nausea, and apparently the fit interferes with the consequent vomiting, which very rarely follows.

This form of aura is certainly rare. In a single case during the war I saw an epilepsy in which emesis, lasting half an hour, preceded the fit. It was cured by full doses of emetics given promptly at the moment nausea was felt. In Miss E.'s case, the fits have gradually lessened in number and severity under the use of full doses of nitrate of silver. The nitrite of amyl instantly arrests both the nausea and the sequent fit; but the sense of fullness in the head so alarms Miss E., who is a highly nervous and emotional person, that she is very averse to using it.

From what I have seen of this agent, it does not seem to possess, in most cases, any capacity to lessen the probability of a return of the fits; but of its power to arrest the actual convulsion there can be no doubt. As I have already mentioned, I asked Dr. Wm. Jenks to test the nitrite in puerperal convulsions. His evidence as to this point still awaits confirmation by other observers.

I have spoken of the use of the nitrite in the convulsions of tubercular meningitis. I have not yet used it in forms of spasm from peripheral irritation in children, but it would be, I should think, a safe and a ready agent. Neither has it been, as yet, employed in the horrible convulsions of uræmia.

I have made frequent use of nitrite of amyl in a variety of forms of disease, chiefly spasmodic, some of them hysterical, and some of indeterminate birth and relationship.

Its influence over cases of hysterical angina is as well marked as in those of men, or in non-hysterical attacks of this disorder. I have twice employed it in forms of disease which are akin to angina, are not infrequent, but lack a distinct name.

Here is one which may pass as an illustration:—

A middle-aged lady, after many and grave trials, during the late war, began to suffer from occasional attacks, which came at any time in the day, held no relation to conditions of stomach or uterus, but were at last most frequent and distressing. A sense of fullness at the epigastrium announced the attack, and from the stomach a sort of aura, accompanied with a feeling of panic and terror, passed up into the head, with intense pain in the right neck and face, the infra- and supra-orbital region, and at last a few moments of deadly pallor ended the attack, which occasionally wound up with nausea and rarely with emesis. There was no irregularity of the heart, no pain in the arm, only a slight quickening and enfeeblement of pulse towards the close of the attacks, which usually lasted from one to five hours, and when I saw her were of daily occurrence. After trial of many means I at last used the nitrite of amyl. The effect was singularly happy, and it was very rare that it failed to break up and dispel the trouble. After a time I gave her a small phial of the nitrite, and this she continued to

use, her attacks growing less frequent and less severe. When I heard last from her they were still under control of the nitrite.

I come now to speak, and with rather more hesitation, of the use of this agent as an aid to the diagnosis of certain forms of cerebral disorders.

Those who see much of neural diseases meet very often with cases of head troubles in which there are attacks of vertigo, or disturbed equilibrium, or mere sense of fullness, with or without mental disorder. Occasionally these troubles are plainly not epileptic. Sometimes they are either epileptic, and distinctly so, or else are the far away beginnings of that malady. Sometimes a therapeutic diagnosis is possible, and the mere fact of the bromides controlling them may, when taken with the symptoms, clearly settle their nature. But very often our suspicions are in favor of their being purely vascular disturbances of congestive type, and then I think that the nitrite of amyl may prove serviceable in settling the question; since in such cases the inhalation will sometimes re-create briefly the train of symptoms, so that they are at once recognized by the patient. This, when it occurs, is fairly conclusive as to the attacks having been truly congestive in character. The negative has also its value. Personally, I have obtained useful help from this means, but I look upon the whole matter as one which it is well to present to the profession as worthy of study, without at present claiming for it any very great utility.

I give below cases to illustrate the use of the nitrite in diagnosis:—

E. L., accountant, a very nervous and irritable person, æt. 29. Has spells, two or three times a week, in which he is said to lose consciousness without any coexistent spasm. On other occasions the trouble does not go so far as this. Has been told the attacks are epileptic. On inhaling nitrite of amyl, he said at once, "that is the kind of feeling I have in my attacks." Then he asked to have the inhalation repeated, and again recognized the symptoms as like those he had had. I came soon, thus aided, to understand, with no doubt in my mind, that his fits were coincident with relaxation of the arterioles. He was rapidly cured by full doses of digitalis, with general tonics and cold shower bath.

I. C., æt. 40, lawyer. This gentleman has vertigo, in which external objects float around him, from right to left. He does not know if he flushes in the attacks. I can find no reason for them in the state of any extra-cranial organ; nitrite of amyl causes in him the usual symptoms, but no trace of vertigo. This is a fair type of many cases in which I have used nitrite of amyl. It never reproduces the vertigo.

Robert H., æt., 38; a master of an oyster boat; had a slight sunstroke in August, 1873. Ever since he has a great deal of vertex headache, with now and then severe attacks of general headache. I was inclined to believe that the vertex pain was due to a subacute meningitis. It was suddenly made worse by nitrite of amyl, to which he was very sensitive. I have said that it was made worse; it was, in fact, increased by this drug, to such a degree, for a few minutes, as made me regret my experiment.

I might multiply these examples. In some cases the nitrite has failed to help me, in others it has returned a useful negative, in others a still more valuable affirmative.

Dr. Wharton Sinkler exhibited

An Office Battery.

The cells, sixty in number, are Callaud elements, and are intended to be kept in the basement, and to connect with the instrument by wires brought up through the floor. The "pole-board," as it is termed by Althaus, is on a handsome walnut table with a glass cover, and consists of the "current-selector" for taking up the cells, from two to sixty, the polarity-changer, galvanoscope, and interrupter for the galvanic current, which can be arranged to break the current from one to eight times per second, and the rheostat or water-moderator. There is also a faradic-coil, with slow and rapid interruptions.

Dr. W. W. Keen narrated a series of

Experiments on the Laryngeal Nerves

and the muscles of a criminal executed by hanging. He concluded with the remark:—I would take occasion to point out what important results this new method of investigation—the faradization of the muscles on the recently dead—promises to yield. In the living it is almost impossible to obtain the action of one muscle alone, especially in the face, where the emotions, pain, amusement, etc., involuntarily arouse the action of other muscles. In the recently dead the results will be far more accurate, and therefore, for the anatomist, the artist, and the physiologist, they are of the greatest interest and importance.

Statistics of Suicide in Prussia.

The statistical office of Prussia has just published the following table of the suicides in that country, from 1869 to 1872, drawn up with characteristic minuteness of detail:—

	Men.	*Women.*	*Total.*
1869	2570	616	3186
1870	2334	623	2963
1871	2183	540	2723
1872	2363	587	2950

Suicide amongst men was, on an average, four times as frequent as amongst women. With regard to age, the tendency increases with age in men. The greatest number kill themselves between from ten to fifteen years of age, and between fifty and sixty. In women the tendency to suicide is most marked from fifteen to twenty years of age, and when they have passed their seventeenth year. Married people contributed 452 suicides per 1000; unmarried persons above fifteen years of age, 339 in the 1000.

Editorial Department.

Periscope.

Mercurial Fumigations in Syphilis.

The occasional value of these is illustrated by the following case reported in the *British Medical Journal*, by Dr. Wilders, of Birmingham.

E. O., aged 23, contracted a chancre about four years ago, for which he was treated by mercury, in the form of pills. Secondary symptoms soon appeared, taking the form of eruptions on the skin, and very severe sore throat. In due course, he suffered from an attack of rupia, the scars of which are plainly to be seen. He had also had syphilitic orchitis, which assumed such a form that his surgeon removed the affected testicle. He had taken mercury by the mouth in various forms, iodide of potassium, iron, and sarsaparilla. His medical adviser, one of the most able surgeons in this town, had given his case more than ordinary attention, as he took a deep interest in the young man. The treatment adopted appeared to relieve the symptoms for the time, with the exception of the ulcerations of the throat, which were never completely cured; but relapses took place as soon as the treatment was omitted. On coming under my care, he was in a most emaciated condition, and so weak that he ascended the hospital stairs with great difficulty. The uvula was completely destroyed, and there were deep excavated ulcers in the remnants of the tonsils; the pharynx was in a sloughing ulcerated condition, some of the ulcers being very deep. He could only swallow liquids with great difficulty; solids he had not been able to take for some time. The cervical glands were affected. His own impression was that he could not possibly recover. Up to the time of his admission into the Queen's Hospital, he had been taking mercury by the mouth in various forms, iodide of potassium, and opium; and he had had good and sufficient food as long as he could take it. I at once ordered him a nightly moist mercurial vapor-bath, containing hydrargyri bisulph., two drachms; hydrargyri oxidi cinerei, one drachm; and a spray of black wash to the throat. He was directed to inhale the moist vapor while in the bath. A grain of opium was administered every night, to ease pain and procure sleep. The gums were touched after nine successive baths, and were kept spongy for nearly two months, the baths being given at varying intervals. The result of the treatment was, that the ulcers rapidly healed, and the patient gained twenty-eight pounds in weight in three months, notwithstanding "the depressing influence of the baths." He left the hospital looking fat and well, and feeling stronger and more vigorous than he had done since he had contracted the disease. The patient, who was a highly intelligent young man, watched the treatment with much interest, and I had some difficulty in restraining him from having too many baths, as he said they made him feel so comfortable and did him so much good. He has since remained quite free from a relapse, and has been doing twenty miles a day on the Devonshire moors.

Treatment of Ascaris Lumbricoides.

Dr. G. Calderwood writes to the *British Medical Journal*:—

There are few children who do not suffer more or less from intestinal worms. Although such cases occur almost daily to the medical profession, and although we have remedies which are known to act beneficially, there are few cases in which we are less successful in making a permanent cure; and all because enough care is not given to the manner in which those remedies are administered, and to dietetics during their administration. The following case is mentioned, not by way of offering anything new as a remedy, but simply to impress on the profession the desirability of giving it in the way I shall record. J. D., a little girl, two years and a half old, came under my care some time since. I was told by the mother that she had been for some time back occasionally passing a few worms, and that she had lately, on two different occasions, vomited one. I happened to see the last one vomited, and found it to be the ascaris lumbricoides. The child was thin, weak, pale, and fretful. For the expulsion of these worms, I have the greatest confidence in santonin. It has, besides, the advantage of being easily given to children when compounded with a little sugar. I accordingly gave her three powders, each containing four grains of santonin, with orders to take one each night at bedtime. Before giving the first one the bowels were opened by a gentle aperient; and, during the administration of the santonin, the child was kept on soups and broths. On the morning of the fourth day, I administered a brisk purgative composed of calomel and jalap. During the course of the day the child passed fifty large worms. Their average length was about nine inches. A tonic course of treatment was afterwards adopted, and the child has improved rapidly, and now presents no trace of her former illness. The santonin should always be given for three or four days before the purgative. To give it with, or only once before, a cathartic is not sufficient. It acts toxically, and must have time to do its work. The worms are passed like other fecal matter, when dead; but, so long as they are alive, no amount of purging will bring them all away. I have every confidence in the

power of this drug to remove completely the lumbricoides worm, and can recommend it as a specific in such cases, when used in the manner I have described.

Nervous Sore Throat.

Dr. Clinton Wagner says, in the *Medical Press and Circular*:—

There is a class of cases of sore throat very frequently occurring in practice, difficult to diagnosticate, and still more so to treat satisfactorily.

In nervous sore throat, dysæsthesia, or hyperæsthesia of the throat, as it has been called by different authors, the patient complains of pain or soreness involving the tonsils, pharynx, and pillars of the soft palate; it may be on both or confined to one side, increased in swallowing, with a sense of constriction, and at times of suffocation, as if a foreign body was lodged there; desire to cough, with a tickling sensation, accompanied with dryness and other disagreeable symptoms difficult to describe in words.

The general health is impaired, from a prostrated or perturbed nervous system, or the patient may be afflicted with some chronic organic disease, the usual symptoms of which may be absent or masked by those I have just described; at all events, the source of all trouble is ascribed by the patient to the throat.

One would naturally expect to find serious trouble, or at least evidences of inflammatory action, with such symptoms as I have described. An examination, however, will reveal nothing sufficient to explain the cause of the patient's sufferings. The mucous membrane of the fauces may appear relaxed, and in color pale and anæmic, the larynx normal. Instead of the dry, glazed membrane found in pharyngitis sicca, and which we would expect from the dryness complained of by the patient, there is no lack of mucous secretion visible to the eye.

The voice is weak, and any attempt at prolonged use is attended with pain, and a feeling of utter inability for the effort.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Two valuable papers, reprinted from the Reports of the American Public Health Association, are Dr. John M. Woodworth's "Some Defects in the Immigration Service, Affecting the Sanitary Interests of the Country," and Dr. Heber Smith's "Sailors as Propagators of Disease." They may be obtained, neatly bound in one pamphlet, from the *Riverside Press*, Cambridge, Massachusetts.

——Dr. Washington L. Atlee, President of the Philadelphia County Medical Society, chose for the subject of his annual address, "The Struggles and Triumphs of Ovariotomy in Philadelphia." It reads like a story, and forms a most interesting chapter in cotemporary medical history. (Published by the Society.)

——The following Reports are acknowledged:

Report of the Pennsylvania Hospital for the Insane, for 1874.

Report of the Vaccine Department of the New York Dispensary.

Report of the Chicago Aid Society, on Sick, Hospital, and Sanitary measures.

Report of the Western Pennsylvania Hospital, for 1874.

BOOK NOTICES.

Transactions of the American Ophthalmological Society. 8vo, pp. 274. New York, Wm. Wood & Co., 1874.

This society held its tenth annual meeting at Newport, July 16th, 1874. It consists of sixty-one members and seven honorary members. The President for the year 1875 is Dr. C. R. Agnew, of New York.

The only matter of general business was in reference to the International Congress, which is to be held at Newport (1876). Dr. H. W. Williams, of Boston, was appointed Chairman of a Committee of six, to advise with the Committee appointed in London. There was also a co-operative committee appointed to aid in carrying out more fully the hospitable wishes of the Society. The members of this Society appointed for Philadelphia, were Drs. Isaac Hays, Thompson, Norris, and Strawbridge. They also reported that the time of meeting be changed to the fourth Thursday of July.

The general appearance of this number of the Transactions, is highly creditable to the society; the illustrations are good, being printed on tinted paper.

There is no report on the Progress of Ophthalmology, but the papers from individual members are more numerous than usual, being twenty-nine. There are six pathological papers, including, "Optic Neuritis," "Syphilitic Gumma in the Ciliary Body," three cases of "Sarco-

ma," and one of "Melanosis," with no exhibition of the morbid specimen, and no report from any committee, so that the statement given rests simply upon the knowledge of the individual.

As we have before stated, these pathological specimens lose much of their value and importance, by not being reported by a scientific committee of experts on morbid growths, which should be appointed by this society, and to which all such specimens should be referred for verification.

The subjects in these Transactions which are interesting to the general practitioner, are, first, "A New and Simple Method of Treating 'Blepharospasm,' by A. Mathewson, M. D., of Brooklyn." This is a long word to signify twitching and contraction of the eyelids. In its severe form, the spasm of the orbicularis muscle may be so great that the eyelids are firmly pressed together, and it is quite impossible for the patient or the surgeon (without the use of ether or chloroform), to open them. It is met with in the course of inflammation of cornea, conjunctiva, etc., and usually disappears when these affections are relieved. In ordinary forms, it yields to *tonics*, immersion of the head in cold water, sea bathing, and the subcutaneous injection of from one-sixth to one-third of a grain of morphine at the point where pressure will stop the spasm.

The method of Dr. Mathewson was as follows: "He raised the upper lid by means of a slender band of india-rubber, fastened near the lower edge of the upper lid below, and to the forehead above, with strips of isinglass plaster and collodion." This method was employed but in one case, yet the prompt and complete relief afforded by this simple device in a case that had long resisted other means of treatment, seems to commend it to a general trial. This case of spasm of the eyelid was caused by a fall, bruising the right temple and supra-orbital region.

The same authority reports treating six cases of "Herpes Zoster Frontalis," by electricity, but upon careful reading of the article, we find only four of the cases were treated by local galvanization. In the first reported, which was evidently the most severe, the pain, which was intense, affecting the eye itself, and the orbit more than the forehead, was only relieved by subcutaneous injections of morphine from the 2d to 13th. After this, from the 14th to 15th, the battery was employed, and also large doses of quinine with veratria ointment. In the second case no other treatment was employed except tonic doses of the citrate of iron and quinine, but the case existed only from April 23d to 24th. The duration of the third case is not given. In the fourth case, the "vesicles" were so small as easily to escape notice; the pain in this was mitigated by the employment of local galvanization, but the patient disappeared after a few days.

We are satisfied, even with all the drawbacks in the above cases, that the constant current will not modify the general course of this disease, but with a recent observer, Dr. Driver,* we feel sure that it will relieve the accompanying pain.

"Canthoplasty," a clinical study, by H. Althof, M. D., New York. By this operation the author desires to diminish the pressure of the eyelids on the eyeball in a number of severe cases of conjunctival diseases. He found that so far three proceedings had been employed to achieve the object in view: First, the excision of pieces of conjunctiva. Second, the cutting out of an oval part of the palpebra itself, leaving the wound to heal by granulations. Third, the most important, is the simple slitting of the outer commissure, involving the skin, cellular tissue and superficial layers of the orbicularis without opening the conjunctival sac. In this latter operation, the angular palpebral artery is invariably cut, and a very copious hemorrhage follows, which used to be considered the principal source of the good results observed. The idea suggested itself to Dr. Althof to modify this operation so as to prevent the quick healing of the parts. This is an easy matter to accomplish, the cut is made deep enough to open the sac, and the conjunctiva is united to the skin by from three to five sutures.

After testing the operation in two cases of trachoma (chronic granulations of the conjunctiva), and being encouraged, he has since performed this insignificant operation in a vast number of patients, and all who have tried it have found it more or less desirable. Phlyctenular conjunctivitis and keratitis furnished the largest amount of patients, and the results of the operation were so gratifying, that it was at once adopted by the surgeons of some of our large institutions. The greatest advantage is the prevention of relapses. About the perform-

* "Treatment of Eye Diseases by the constant current." *Archives of Ophthalmology and Otology*, vol III, number 1873, p. 237.

ance of the operation, he gives the following brief directions: If the lids are well separated, a small cut down to the malar bone, producing a wound of the outer integument, not larger than 8 mm, will, in most cases, fully relax the pressure of the lids. Slight modifications of this first act must be left to the discretion of the surgeon. The greatest neatness is, of course, required in uniting the conjunctiva to the skin. "Three sutures are generally sufficient, but the operator must judge for himself how many he thinks proper to use." p. 248.

The fourth practical article we have already noticed, "On the Atropine Treatment of Acquired and Progressive Myopia, with a table, by Hasker Derby, of Boston, Massachusetts," in vol. xxxii, number 8, p. 157, MEDICAL AND SURGICAL REPORTER.

There are other valuable papers we should have liked very much to make extracts from, had space and time permitted. L. T.

The Physician's Daily Account Book. Daniel Clapp & Son, Boston.

This Account Book is a folio volume, about an inch in thickness, substantially bound in cloth and half sheep. It is divided into a Day Book, a Cash Book, and a Ledger. The pages of the day book are ruled in thirty-one spaces, one for each day of the month, so that opposite the patient's name the visits to him during any one month appear. The cash book and ledger are in the usual form, the latter being indexed, to admit of easy reference. The plan adopted is, it will be seen, a convenient and simple one, and appears to answer the purpose very well. The paper used in the book is good, with a smooth surface, and neatly ruled. For prices, see advertisement in another column.

Transactions of the Vermont Medical Society for the years 1871, 1872 and 1873. Published by the Society. Montpellier, 1874.

This pamphlet of about 140 pages is principally occupied with the Proceedings and the formal addresses of the officers of the Society, at its three annual meetings. As usual with such addresses, they have nothing in them which merits special mention; and equally little to deprecate. As mementoes of social sessions, they will be gladly preserved by those present on the occasion; but to others they have little to call for the expenditure of time necessary to read them. The more directly scientific articles embraced in the volume are chiefly upon topics of local interest. We have noted one sentence, however, in the address of Dr. S. Putman, which deserves quoting, for the solid certainty in therapeutical measures it evinces, quite in contrast with the timid efforts of most physicians. "No acts of my life," he says, "have afforded me greater pleasure, and are now remembered with more satisfaction, than the practice of venesection in certain cases of active congestion and incipient inflammation of the thoracic and cerebro-spinal organs."

The folios of the work from 337 to 355 are wrongly numbered.

Cholera; How to Prevent and Resist it. By Dr. Max Von Pettenkofer, etc. From the German. Translated by Thomas Whiteside Hime, A.B., M.B., etc. Revised by Dr. Von Pettenkofer. With Illustrations and a Chart. London, Bailliere, Tindall & Cox, 1875. pp. 75, cloth, 8vo.

Dr. Pettenkofer's famous theory of "Ground-water" is familiar to the medical world, by the numerous publications of that veteran hygienist. But as Mr. Hime remarks, this familiarity is one, often, of name only, and "there has been a good deal of misunderstanding and misrepresentation of the term Ground-water as used by Professor Pettenkofer." Every soil is more or less damp, and when digging down, we reach a stratum which is evidently saturated, because the water from the neighboring soil covers the bottom of the excavation we have made, we have reached the level of the ground-water. This level gives us a *measure of the dampness of the soil above it.* And for this, and this only is it studied by Professor Pettenkofer. The greater the dampness of the soil, that is, the higher the level of the ground-water, the less ground-air does the soil contain, and the *less is the mortality from zymotic disease.* It is the ground-air that we must fight, therefore, and the level of the ground-water is merely an indication of the strength of this enemy. Why is this ground-air poisonous? To this it is replied that it contains a large excess of carbonic acid, especially in summer, from the result of organic decomposition.

These discussions are quite well put in the volume before us; to it we refer our readers for a more full exposition of Pettenkofer's doctrines.

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THE COMPETITIVE EXAMINATION OF TEACHERS.

Milton, in one of his most savage attacks on the ignorance and carelessness in instruction which characterized the English clergy of his day, compares them to shepherds idly poetizing:

"Their lean and flashy songs
Grate on their scrannel pipes of wretched straw;
The hungry sheep look up and are not fed."

It would be very far from fair or true to apply this simile to the general medical teaching of this country. But we have been doomed to listen to lecturers who seem to have achieved, by natural instinct, the palest, most uninteresting, least instructive way of teaching their department that mind of man could conceive. Inattentive students and barren benches proclaimed the didactic incapacity of the teacher.

We have yet to appreciate in this country that it is one thing to know a science and a very different thing to know how to expound its principles lucidly, briefly, agreeably. As so much has been said of late years about raising the standard of medical education, it might not be amiss to say something about raising the standard of medical *educators*. So long as there are on our faculties professors who drone year after year their manuscript lectures; so long as English grammar and Latin accidents are hourly mutilated "past all surgery;" so long as the learned orator thinks it appropriate to enliven the dry details of his subject by an equivocal, or unequivocally indecent, jest or story now and then; just so long will a motion to amend be in order. Whether this state of things exists or not, or where it might be found, we shall not specify. If it is not to be found in this land, so much the better.

The remedy for it is plain. Were professors selected for their skill in teaching, and this tested by a competent tribunal, the first and greatest step toward an improved medical education would be made. This can alone be done by substituting a competitive examination, a *concours*, in place of the personal solicitation, lobbying, log-rolling and kindred arts which now usually decide the result of an election to the professorial dignity. A *concours* has never been a popular idea in this country, and it has its opponents in France. Dr. Amedee Latour is not one of them, however, and his defence of the system, in the *Union Medicale*, merits serious consideration. His words are:—

"For me, no man is a professor who knows not how to teach and transmit knowledge. Little do I care to see a chair filled by an eminent *savant*, rendered illustrious by his great discoveries, if he is not able to communicate to his pupils both his own knowledge and the knowledge of others. In medicine, especially, in which science necessarily leads to practice, to application, to art—what is required of teaching is that it should possess good demonstrators and excellent vulgarisators, such as our Faculty possessed in the days of its greatest glory and prosperity. A recollection comes to my mind, the appropriateness of which my contemporaries will be able to appreciate. Surely Richeraud was more philosophical, erudite, and lettered than Dupuytren? Yet the lectures of the one

were absolutely abandoned, while thousands rushed to those of the other. This was because RICHERAUD professed in the most detestable manner, while DUPUYTREN has never been surpassed or equaled as a demonstrator or vulgarisator.

"The inappreciable advantage of the *concours* is precisely that it keeps at a distance, either voluntarily or compulsorily, all those who have no aptitude for teaching. For it is a faculty, it is a gift, to know how to teach; and what other method than the *concours* is there of placing this faculty, this gift, in evidence? I need not occupy myself with that old and absurd reproach that the *concours* only favors the memory. It is an absurd reproach, for the candidate who furnished proof only of memory without judgment, appreciation, or criticism, would never find a judge willing to convert a parrot into a professor. And whatever the adversaries of the *concours* may say, this has never been seen. And, then, why run down memory, that admirable faculty of the mind for preserving and recalling ideas, facts, sensations and emotions? Highly privileged are they whom nature has endowed with this precious faculty! Assuredly it is a great advantage in the *concours;* and if to this advantage be added good sense and a sound judgment, the judges ought to take great account of it, for a good and faithful memory is a precious quality in a professor."

This admirable defence of the system, by one who has long watched its workings, is conclusive. The opposition to it really comes from those whose chances are better by political manœuvring than by honest competition. That is the secret of its unpopularity with us. Many a good surgeon might fail on his preliminary studies, but if he does, he is not likely to be a successful teacher. Students should be taught by thoroughly competent professors, if there is to be much improvement in medical education.

NOTES AND COMMENTS.

Therapeutical Notes.

SYCOSIS.

For this annoying affection, Dr. Touraine, of the French military service, recommends rubbing into the eruption, morning and evening, for two days, a portion of mercurial ointment, the size of a haricot bean. The friction should be made with the finger, and should be continued until the ointment has all disappeared. The whole surface is then covered with a piece of wadding. On the third and fourth days tincture of iodine is applied, night and morning, over the mercurial friction, by means of a pencil, nothing being cleansed off. We have only to wait until the iodine disappears, and the cure will be found complete.

VERATRUM IN LARYNGITIS.

In a severe case of laryngitis with laryngeal catarrh and threatening apnœa, Dr. C. Handfield Jones prescribed

℞.	Tinct. verat. virid,	gtt.iv.
	Aquæ,	℥ij.

Every hour. Seven doses were taken; then another after two hours, and another nine hours later. Very considerable relief was promptly experienced, and recovery ensued.

DROPSY OF THE JOINTS.

Dr. Bergeret recommends for this the continued application of hot sand. He first envelopes the joint in cotton wool, and then surrounds it with small bags of very hot sand, putting a blanket over them to retain the heat, and renewing them as needed. The dropsy should disappear in a few days.

NEURALGIA OF THE LARYNX.

The severe pain characterizing this affection is felt along the thyroid cartilage and anterior part of the neck. Graves recommends large doses of carbonate of iron. Gibbs has found bromide of ammonium in full doses quite successful. Dr. Clinton Wagner prefers large doses of tincture of iron and quinine, and insufflations of tannic acid and morphia into the larynx, with aconite liniment over the seat of the pain.

DILATE OR CUT?

The question whether strictures of the urethra should be dilated or cut is a very practical one to surgeon and patient. At a meeting of the Medical Society of London, on the Monday before Christmas, Mr. Teevan read a most valuable and convincing paper on the subject, which he summed up by quoting the following expression of Delpech, delivered many years ago: "Dilate when you can, cut when you can't." There was a unanimous expression of opinion on the part of the Fellows present that forcible rupture of strictures was a dangerous procedure, and Mr. Teevan mentioned that no

less than thirty-nine deaths directly caused by forcible dilatation had come under his notice of late years.

ATROPINE IN MYOPIA.

The method of employing this drug as recommended by Dr. Gand consists simply in the instillation, once or twice a day, of one drop of solution of atropine of strength $\frac{1}{120}$ the use of blue spectacles, and total cessation from all work requiring close application of the eye; the treatment was only continued for three or four weeks.

Nothing but rest of the eye in very pronounced myopia can much diminish the myopia. But the instillation of atropine caused the myopia to disappear in a fifth of the children under observation, diminished it much with others, and remained without any effect in some. The author was led to conclude that the employment of atropine can ameliorate definitively a great many cases of myopia, and in some slight cases cause it to disappear entirely. In such the benefit has lasted long after the treatment has been discontinued.

Extirpation of the Kidney.

Last November, at a meeting of the Edinburgh Medico-chirurgical Society, Dr. George Balfour referred to a case of supposed calculus of the kidney upon which Mr. Annandale had cut down. The symptoms of calculus were very well marked in that case, and as in the most recent case of excision of the kidney, no calculus could be detected previous to complete removal, it is possible that in this instance also the calculus was imbedded in the substance of the organ. The woman's sufferings before the operation were unendurable, and only relieved by the constant use of opium. Since the operation she had been entirely free from pain, and expressed herself as very well satisfied with the results of the operation.

A Case of Intra-Uterine Amputation.

Dr. Macan cited a case before the Dublin Obstetrical Society, which was one in which the left forearm of a healthy fetus, born in the Rotunda Hospital, had been amputated just below the insertion of the biceps. There was a semi-circular cicatrix on the stump, about the size of a threepenny piece, which had evidently been a long time healed. The missing portion of the limb could not be found. Dr. Macan alluded to the rarity of spontaneous amputation in the fetus, and stated that no example of it had been recorded as having taken place in the Rotunda for the last thirty years. He referred to Montgomery's paper on the subject, and to his theory that these lesions were caused by bands encircling the limbs and acting like ligatures. There was still doubt as to how these ligatures are formed or produced, and how they are applied round the limbs, supposing them to be the cause of these amputations. The author quoted the opinions and theories of Scanzoni, Simpson, Schroder and Furst, on these points, and said that even if it is proved that spontaneous amputation is caused by adventitious bands passing from the amnion to the fetus, the cause of the formation of these bands still remains to be decided. Such cases are apt to throw discredit on the accoucheur, unless their occurrence is fully substantiated.

Teeth and Oatmeal.

Dr. Coles says, in the London *Medical Record*:

It has long been noted in this country that in those districts where the use of oatmeal (in place of wheaten flour) prevails, we find children and adults with the best developed teeth and jaws; and so well recognized is the influence of oatmeal diet upon the teeth, that many practitioners order its use as an article of daily diet for children, in cases where the dentition seems likely to be either retarded or imperfect.

Penetrating Wounds of the Knee.

M. Gayet, Surgeon of the Hôtel-Dieu, at Lyons, on the strength of eight cases treated in that hospital, arrives (*Lyon Médical*) at the following conclusions:—1. A penetrating wound of the knee-joint, made by a pointed instrument, and unattended by complications, is without danger, providing it be allowed to cicatrize in a state of rest and immobility. 2. The same wound may give rise to the most dangerous arthritis when not properly attended to. 3. The danger of arthritis is in direct proportion to the extent of the wound and the difficulties which impede its union by the first intention. 4. The complications dependent upon injuries of the bones are extremely serious; but fractures of the patella, however complicated they may be, need not, if they exist alone, lead to amputation or excision. 5. The presence of foreign bodies, however small these may be, induces arthritis and its possible consequences, and demands amputa-

tion or excision. 6. All things being alike, posterior wounds seem more serious than anterior ones, by reason of the density of, and the number of the tissues concerned, the presence of vessels, etc. 7. These conclusions having been deduced from observations made in a hospital, *i. e.*, in a medium little favorable to conservative surgery, they may be regarded as more favorable when applied to media of a more healthy character.

How to Fasten a Catheter.

In the Dublin *Medical Journal*, Mr. Annandale suggests a simple means of tying in a catheter, when the ordinary eyelets are wanting. This is effected by fitting on a small piece of india rubber tubing to the proximal end of the catheter. A double thread is then passed through the india-rubber at one side, so as to lie between the inside of the tube and outside of the catheter. The thread thus passed is next tied firmly round the tubing, and by this means it is firmly secured to the catheter. The two free threads forming each end are then knotted, and to the loops thus formed the ordinary tapes are fastened. A plug can then be inserted, and, owing to the elasticity of the tube, will always accurately fit and prevent any escape of urine. Mr. Annandale further remarked, that as far as he was aware, this simple method had not yet been described.

The Goal of Medical Science.

The Editor of the London *Medical Press and Circular* thus sums up the future aims of medicine:—

To make our fellow-citizens enjoy a healthy life, and prevent the enormous waste of infantile life which invariably goes on in our large towns, ought to be the medical religion of the remaining quarter of this remarkable century. To live a long life, and to live all our lives, ought by this time to be perceived to be the practical teaching of all medical science; and no other consideration should allow these wholesome truths to be obscured from the view of the medical profession.

Logwood as an Antiseptic.

M. Cotton, of Lyons, claims for the decoction of logwood strong antiseptic properties. Fermentation cannot take place, and alcoholic fermentation is at once arrested; while decomposing urine at once loses its putrid odor after the decoction is added, and many days afterwards still exhibits crystals of urea. He believes this anti-putrescent quality to be due to the ease with which the hæmatoxyline is oxidized. In another communication he relates a case in which this anti-putrescent effect was exercised during life. A patient who frequently passed urine which abundantly deposited ammoniacomagnesian phosphate, due to the decomposition of urea, was effectually relieved by taking, morning and evening, an infusion of two grammes of logwood, the urine in ten days becoming acid and free of all phosphates.

News and Miscellany.

The Limits of the Physician's Responsibility.

In the recent suit of Rankin vs. McCarrell, for alleged malpractice, in the Common Pleas, Pittsburgh, Judge Ewing charged the jury as follows:—

"The defendant, as a physician, if he undertook the case of this boy, was bound to have and exercise the ordinary knowledge, skill and care of his profession, having a regard to the advanced state of the science at the time. If he failed in this, and injury resulted to the boy therefrom, the defendant is liable. But if he had and exercised this ordinary knowledge, skill and care, it was all that he was required to do, and it matters not what was the final result of the accident or disease to the boy; it is his misfortune; he cannot recover from his physician. A physician does not and cannot be expected to secure the recovery of his patients. He deals with material very different from that upon which mechanics operate. His business is with muscles, and nerves, and joints, and organisms, fully understood only by Omniscience. With a high respect for the medical profession, their science is an uncertain one; all that any one of the most skilled and learned can do, is to exercise his best skill and judgment in the particular case, and when he has done that, if he has ordinary knowledge and skill, he has done all that can be required of him."

Legislation in Prussia Regarding Trichinized Meat.

The superior Tribunal in Berlin recently decided that the seller of meat containing trichinæ was not liable to the penalties provided for the sale of unwholesome food, unless he knew that the meat contained trichinæ, or unless his ignorance was due to negligence. A deputation of medical and scientific men consequently urged on the Ministry the importance of making obligatory, through the whole of Prussia, the examination of meat, especially the microscopic examination of all pigs killed, and of the portions of flesh of dead pigs imported from abroad (American bacon).

Cedar Rapids (Iowa) Medical Society.

This Society held its regular meeting Dec. 1, 1874, Dr. G. L. Carhart, President, in the chair.

After some routine business, Dr. Burd, of Lisbon, offered the following:—

WHEREAS, The Legislatures of New York, Pennsylvania, and several other States have passed laws requiring that every person practicing medicine or surgery should hold a diploma from some recognized medical school or society, and imposing heavy penalties in case of attempting to evade its requirements, therefore,

Resolved, That a memorial be circulated among the members of our Society for signatures (and that the Medical Societies of the State be requested to co-operate with us), to be presented to our Legislature at its next session, asking that the same or some other wholesome laws be enacted in Iowa for the purpose of ridding the people of the excessive swarm of quacks that infest our State.

Dr. Doron offered the following resolution, and, upon motion, it was unanimously adopted:

Resolved, That in the opinion of this (the Iowa Union Medical Society), the use of alcoholic beverages sold as medicines, under the name of bitters, is a fruitful cause of drunkenness and disease, and should be discountenanced by all friends of public morals and health.

Northern Medical Association of Philadelphia.

A stated meeting will be held at the hall of the Northern Dispensary, 608 Fairmount avenue, on Friday evening, 12th instant, at 8 o'clock. Subject for discussion: "Chorea."

Salt Lake City.

The Regular practitioners of Medicine in Salt Lake met February 1st, 1875, and organized themselves into an association, to be known as the Salt Lake City Medical Society. They adopted a Constitution, By-laws, and the Code of Medical Ethics recommended by the American Medical Association, and elected the following Officers and Committees for 1875. President, W. F. Anderson, M.D.; Vice President, J. F. Hamilton, M.D.; Secretary, H. J. Richards, M.D; Treasurer and Librarian, J. M. Williamson, M.D.

Surgical Disks.

Dr. A. C. Garratt, of Boston, is now manufacturing a surgical electric disk, suited for application down the spine. We have used his disks with great satisfaction in several cases of obstinate neuralgic troubles, and can recommend them as efficacious and convenient.

Items.

—So many petitions for divorces have been presented to the Idaho legislature this winter, that a member has introduced a bill divorcing all the married folks in the territory, and placing them in statu quo ante matrimoniam!

—Recent letters from Rome report unusual cold weather, and a large amount of sickness among the foreign residents.

—Several cases of religious insanity have resulted from the revival meetings of Messrs. Moody and Sankey, in England.

—The Cincinnati *Times* says that Mr. Jones, who died near Ludlow, Ky., on the 13th, was the last of forty-four children. Thirty-nine *own* brothers and sisters!

—The Shaker community, at Tyringham, Mass., are about dying out. Since their organization, nearly a century ago, the average age of their decedents has been sixty-five years.

—An English physician, during a lecture to a female audience, on the use of alcoholic beverages, asserted that the "babies of London are never sober from their birth until they are weaned."

—The paper on Nitrate of Silver, before the New York Medical Society, referred to in the REPORTER, February 27th, p. 169, should have been credited to Dr. Marion Sims, not Dr. Mary Jacobi.

—The last report of the Eastern Penitentiary of Pennsylvania shows that the commission of crime by youths under twenty-one years of age is increasing beyond the ratio of the general increase of crime according to increase of population; and that the commission of crime by those who have no settled or regular occupation is also increasing in a ratio far beyond that of the general population of the penitentiary.

—The total number of deaths in Philadelphia for the week ending March 6th, was 403.

Nativity.—United States, 293; foreign, 87; unknown, 23; from the Almshouse, 13; people of color, 23.

Males, 210; Females, 193; boys, 105; girls, 90.

The number of deaths compared with corresponding week of 1874 and of last week was as follows:—

Week ending March 7th, 1874, was 285.
Week ending February 27th, 1875, was 386.

—In the *Galaxy*, for March, on the subject of Salem witchcraft, allusion is made to a circle of young girls, formed in 1691–2, in Salem Farms, which met at the house of Rev. Mr. Parris, for the practice of palmistry and fortune-telling, necromancy, magic and spiritualism. From their strange actions, the article says, they came to be styled "the afflicted children." Dr. Griggs declared them bewitched. In those days, and prior to those days, physicians frequently disposed of difficult cases which came before them by such a resort. The profession must bear its fair share of responsibility for succeeding occurrences.

Personal.

—Dr. Erasmus D. Warner, of New Haven Mills, Vt., died on Monday morning, from taking an overdose of hydrate of chloral.

—An entertaining lecture on "The History of the Philadelphia School of Anatomy" was delivered the 1st instant, by Dr. W. W. Keen.

—The Annual Address before the Alumni Association of the College of Pharmacy of this city was delivered by Dr. Lawrence Turnbull. We hope to lay it before our readers soon.

—Dr. C. W. Horton, for the past twenty years a resident and well-known practitioner of Brattleboro, Vt., and one of the oldest physicians in the State, died suddenly, of pneumonia, February 25th, at the age of eighty years. He was a native of Sudbury, having represented that town in the legislature several times, and held other offices of public trust.

—One of the most widely-known physicians, and one of the most active public men, of Pittsburgh, Pa., Dr. A. G. McCandless, died suddenly, at his home, on February 23d. He studied medicine under the late Dr. Pollock, and graduated at the Cleveland Medical School. For thirty-six years he had been a physician in Pittsburgh, and for more than twenty years he had been a member of the City Councils.

QUERIES AND REPLIES.

Cerebro-Spinal Meningitis.

"Please state whether an accumulation of boiled bones, denuded of soft parts, remaining in a summer range for four weeks, where a direct draft goes out into the air, in the latter part of October to November, in an otherwise well-ventilated house, and good locality, and which have been subjected to a process of soaping with an excess of alkali, *can produce meningitis* in a child over two years of age, who has been laboring with an attack of whooping cough; or is not the brain disease a consequence of the previous disease, which stopped at once?

SUBSCRIBER.

Reply.—We have no hesitation in saying that the bones, etc., had nothing to do with originating the meningitis in this case. Meningitis is not rare as what Ziemssen calls "an incidental complication in inflammation of the lungs," etc. (*Cyclopœdia*, ii, p. 701.)

Methylen.

E. J. H., of N. Y.—"In the REPORTER, Feb. 6, is mentioned a death from methylen. What is this, and its formula? I believe ethylen (C_2H_4) is the lowest member of that series yet prepared. Methylen should be CH_2, but how can it exist alone?"

Reply.—It is true that methylen is still a hypothetical radical. Its formula, however, is C_2H_2, and not CH_2, as it is a bicarburet. The death in question occurred in the use of methylic ether, C_2H_3O, which has been recommended as superior to methylene ichloride.

Anon, Phila.—You will find information about the Philadelphia Eye and Ear Infirmary in the Philadelphia *Medical Register and Directory*, p. 159. Any of the officers can doubtless answer your financial inquiry.

Aseptin.

"Can any of your readers furnish me the formula for the parasiticide preparation called 'Aseptin,' recommended by various German writers?"

HOOSIER.

OBITUARY.

GEORGE W. NORRIS, M. D.,

A well-known citizen and prominent physician, died at his late residence, southeast corner of Sixteenth and Locust streets, March 5th. The deceased, who was born November 6th, 1808, was the son of Joseph Parker Norris, formerly President of the Bank of Pennsylvania, and was a great-grandson of Isaac Norris, who settled in Philadelphia in 1693. He was a student in the classical and medical department of the University of Pennsylvania, from which he received the degree of A. B. and M. D. After graduating, he went to Paris, where he studied medicine, and was made a member of the Societé Medicale d'Observation. Returning to America, Dr. Norris became a surgeon at the Pennsylvania Hospital, and served in that position for thirty years. He was Vice-President of the College of Physicians, President of the Board of Managers of the Pennsylvania Hospital, Trustee of the University of Pennsylvania, and Director of the Philadelphia Library. He was the author of a number of surgical essays and treatises, which gained for him celebrity in both Europe and America. The most noted of these, the "Occurrence of Non-union after Fractures," together with a number of the others, have been recently republished in a book entitled "Contributions to Practical Surgery."

DR. GEORGE R. ROBBINS,

Of Hamilton Square, New Jersey, a gentleman well and favorably known, died last month. Dr. Robbins was a practicing physician for about forty years, and was highly esteemed in his profession. In the year 1854 he was elected to Congress, and re-elected in 1856. As a neighbor he was courteous and kind. The disease was in the kidneys. His sickness, however, only lasted one week. The community has lost a good and valued citizen, and the poor, who needed medical advice, a friend.

MARRIAGES.

AYDELOTT—TOWNSEND.—At the residence of the bride's parents, on Thursday, February 25th, by Rev. John B. Quigg, of Wilmington, Del., Dr. John S. Aydelott and Miss Delia F. Townsend, second daughter of George C. Townsend, Esq., all of Snow Hill, Worcester county, Md.

BAKER—HAYS.—On the 18th ult., by the Rev. Henry Morton Reed, Rector of the Church of the Holy Comforter, Charles S. Baker, M.D., and Mrs. Lydia C. Hays, all of Philadelphia.

CRACRAFT—KEYS.—Jan. 28th, at the residence of the bride's parents, William A. Cracraft, M.D., and Miss Mary Keys, all of Elm Grove, W. Va.

DEATHS.

KIRKBRIDE.—In Moorestown, N. J., on the 2d inst., Dr. Stacy B. Kirkbride, aged 46 years.

NORRIS.—In this city, on Thursday morning, the 4th inst., G. W. Norris, M.D., son of the late Joseph Parker Norris, Esq.

THE

MEDICAL AND SURGICAL REPORTER.

No. 942.] PHILADELPHIA, MARCH 20, 1875. [Vol. XXXII.—No. 12

Original Department.

Lecture.

CLINICAL LECTURE.

Delivered in Bellevue Hospital Medical College,

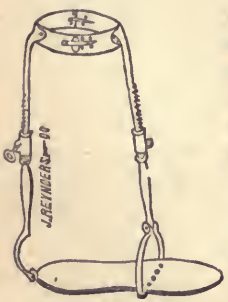
BY PROF. LEWIS A. SAYRE.

[Phonographically reported by William A. George.]

Gentlemen:—The first case I show you to-day is a little girl who was here three weeks ago with chronic inflammation of the ankle joint, caused by a fall on the pavement some months previous. When we first saw her, as you will remember, she was suffering the most intense pain, it being almost impossible to carry her around, even in your arms, with the greatest care, without inflicting intense suffering.

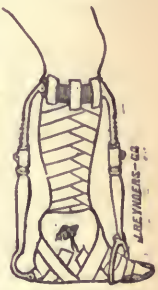
You will remember, at that time I strapped upon her foot an extension instrument, to remove pressure from the diseased parts, and which consisted of a steel plate or sole; a rod or bar running from the heel of the instrument up the back of the leg; a stirrup or cross-bar over the instep, from which runs another rod or bar, to near the top of the tibia, anteriorly. These two rods are connected at the upper ends by a steel band or collar, which can be clasped around the leg. The rods are double, one running within the other, and one being supplied with cogs, which can be worked with a ratchet and key, and by which means the rods can be extended, both in front and rear. [See Fig. 1.]

Fig. 1.



Its mode of application is to place the foot on the steel sole, with some felt, cotton, wool, or cloth between the foot and the sole, for the purpose of absorbing moisture, and strap it firmly in its place with strong adhesive plasters, being careful in applying them to have the strip passing round the heel to go only to the malleoli on either side, and these short strips can be retained in their places by a piece going around behind the heel and over the instep. Over these strips of adhesive plaster it is well to apply a roller for additional security. The foot having been thus secured, strips of adhesive plaster, an inch in width, and the entire length of the leg, are then placed around the limb, commencing just above the ankle, and secured by a roller up to the length of the instrument, leaving a few inches of the plasters loose above the roller, for the purpose of being reversed over the collar of the instrument. The rods are then brought up with the collar and locked, and the ends of the adhesive straps are reversed over the collar and secured by a roller. The key is now applied to the ratchet on either side, front and rear, and the instrument gradually extended until pressure on the bottom of the foot produces no pain. [See Fig. 2]

Fig. 2.



After having extended her limb with this instrument, I opened, as you remember, the joint very freely, and gave exit to that peculiar gelatinous material which you find connected with disease of the joints, filled the wound with Peruvian balsam, and drew this seton of oakum

through the sinuses. I then applied a wad of oakum around the joint, and firmly secured it with a roller, so as to compress the parts to support the circulation.

The child was then taken home, where she remained free from pain and perfectly comfortable for several days, the mother, in the meantime, having dressed the wound daily. But on Friday she began to suffer, and for two nights this continued, when she was again brought to me. I discovered that the opening was not sufficiently free, there still being a "pocket" which had not been laid open, and which was filled with pus. This was slit open, the wound redressed, and, although I have not seen the child since then until to-day, the mother says she has been perfectly free from pain, slept and ate well, and now, as you see, is able to walk on the foot when the instrument is properly extended.

There is one remark, made by the mother, to which I wish to call your attention: "Since the pain left the child, she began to eat." In a recent work upon the treatment of affections of the joints, extension and counter-extension are strictly prohibited, giving for a reason that such a plan of treatment "is only palliative to pain, and not curative, but actually injurious as a treatment."* Well, I don't think anything but nature cures disease, but it is our duty to put the patient in such a condition that nature can do the work successfully; and for this purpose what is, what can be, more necessary than the alleviation of pain?

Excision of the Ankle Joint.

Case ii.—This little child, you will remember, was brought to us about two weeks ago with a disease similar to the one just considered, but further progressed, there being a number of sinuses leading to dead bone, which have been discharging for nearly a year.

Our treatment at the time, as you remember, consisted in slitting up the sinuses with a probe-pointed bistoury, peeling out of the periosteum a number of pieces of dead bone, and then putting the joint up in plaster of Paris, leaving windows behind and on either side of the dressing, into which we pressed wads of oakum.

We will now remove the dressings and see her condition.

In the first place, gentlemen, note the general appearance of the child; even in the short space of two weeks she has improved wonderfully. Her appetite has returned, she is free from pain, and she sleeps well. We find upon this oakum, which has been around the joint for two days, scarcely any discharge, and the wounds present a healthy aspect.

I now redress the joint by pressing oakum in the spaces left in the plaster of Paris by a roller, and, putting her on the floor, you see she walks to her mother without evincing any pain. After nature has filled with new material the space left by the removal of necrosed bone, and after there is no further discharge of pus, indicating that the disease has been checked, the plaster of Paris will be removed, for the purpose of making passive movements, either by the application of the extension instrument, if necessary (which allows of movement), or, if no pain is caused by pressing the parts together, permitting her to walk without any extension whatever. There is no use of the extension if there is no pain upon pressing.

Case iii.—A little girl, seven years old, with hip disease. Now, while she is running around here, I want you to tell me upon which limb she wears the instrument. You cannot do it? Well, nor can I. However, we will strip her and see. Three months ago she came here, as you recollect, suffering the most agonizing pain, anæmic, emaciated, and with such rigidity of the muscles of the joint as to simulate anchylosis. We applied extension with the splint, and yesterday I saw her for the first time since the dressing. I told her to call here to-day, when we would examine her, and, if necessary, readjust the instrument.

In taking off the dressings in this child we find them, as in numerous other cases which have been before you this winter, exactly in the same position where they were placed three months ago, and which is still another proof (if proof were necessary) that the plasters applied for the attainment of extension and counter-extension do not have to be removed every few days, as is stated by those who do not know, or are incapable of learning, how to adjust them properly.*

In our examination of the parts, we find no pain. I bring her limbs parallel with each other, and both of them to the table, without tilting the pelvis. I make motion in every direction—flexion, extension, adduction, abduction, rotation, and, with a severe blow upon the

* "Orthopædia," by James Knight, M.D.

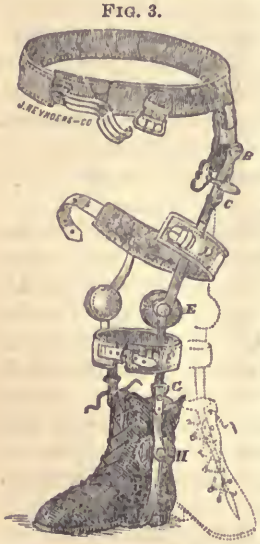
* Taylor on the Mechanical Treatment of Hip-joint Disease, page 23.

foot, producing such a concussion as would have caused her to cry out with the exquisite pain three months since, and still there is now, as you see, no complaint. But, gentlemen, how feeble are my words in defence of this treatment, when compared with the silent teachings conveyed to you by the condition and appearance of these little sufferers themselves, as they are brought to your notice day after day. Contrast, for instance, the child that was here last Wednesday, where the treatment consisted in blistering and mercury, without extension. What but agony could torture the features of that little innocent child into such horrid shape, could call the hectic spot to her cheek, and take from the plump and rounded form its symmetry. And yet men say that to relieve pain is *only* palliative, not curative.

You must excuse me, gentlemen, for bringing so many of these cases before you, but while distinguished authorities (so called) continue to prate about the disadvantages of extension and counter-extension, as applied in this room, I feel it necessary, yea, my duty, to show the effects of that treatment which it has been my endeavor to teach you, and, giving you all the facts, let you decide for yourselves.

Case iv.—Here we have a case of congenital club-foot (I had hoped we were done with talipes), in a young man of eighteen, a resident of Vermont. He has been operated upon several times, but so far, as you see, without success.

Fig. 3.



We find here, by point-pressure, producing reflex contractions, that the plantar fascia and all the extensor tendons of the toes require section. The entire row of phalanges are subluxated, and there is a difference of three inches in the length of the feet.

While he is being anæsthetized I will describe to you the last improvement which I have made in my club-foot shoe. It embodies a principle upon which I have been thinking for several years, and which at last has been admirably carried out by Mr. Rynders, of 309 4th avenue. In many cases of club-foot there is a tendency to rotation of the entire limb inward, and that tendency, heretofore, we have been unable to combat, from the want of a rotary force which would take its point of motion from the acetabulum. This instrument [see Fig. 3] supplies that deficiency, and consists, as you see, of an iron rod, jointed, of course, at the ankle, knee, and hip, which extends from the shoe to a belt surrounding the pelvis. Just below the joint at the hip, the shaft is divided into two parts, and at which point there is placed an endless screw transversely to the shaft, which is worked by this key, and which rotates, as you see, the foot completely outward. It is the application of the same principle which you have seen me use in my hip-splint, in those cases which have been permitted to get well with the deformity of adduction and inversion of the foot. [The patient being anæsthetized, the Professor performed the operation spoken of above, and dressed the foot with a board and plasters, in his usual way.]

Fibrous Anchylosis of the Knee.

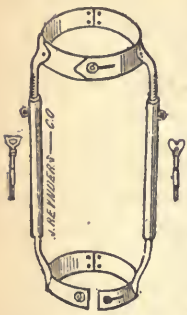
Case v.—I bring this patient before you, gentlemen, for two reasons: 1. To show the practical importance of mechanical appliances for the correction and cure of deformity and disease; and, 2, to prove that an instrument, if properly applied, can remain upon a patient for an extended period of time, sufficient to accomplish a marked improvement to the patient, and without subjecting the surgeon to daily or frequent changes of the dressings.

This boy was brought to this institution at the very commencement of the session (those of you who were here at that time will recollect him well), over five months ago, and, as his father has told you, almost dead. He had suffered for four years with what was termed "white swelling of the knee joint, due to scrofula," and when he came here was reduced to a mere skeleton, and had anchylosis of the knee, with luxation of the tibia backward, and rotation outward.

I put him under chloroform, and straightened the leg, and then applied this instrument [see Fig. 4], which consists of two collars, one to clasp around the leg, just above the malleoli, and the other around the thigh, connected by two bars. These bars are each formed of two pieces, which are made to slide one within the other, and are controlled by a ratchet and key.

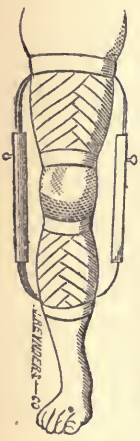
Of the collars, the lower one is firmly fastened to the bars and has no motion, while the upper one is fastened loosely, thus giving to it an antero-posterior motion.

Fig. 4.



In order to apply it, you first encircle the limb, from the ankle to the knee, and from above the knee to the groin, with adhesive straps. Then clasp the collars around the limb the same as a lady would her bracelets, and reverse the ends of the adhesive straps over the collars of the instrument. [See Fig. 5.] In reversing the plasters over the upper collar care should be taken to overlap the anterior and posterior strips at the same time, so as to avoid pressing one of the edges of the collar against the thigh. The strips having been all reversed, are secured by a roller, and extension is made by the ratchet and key until no pain is felt upon concussion.

Fig. 5.



In order to overcome the subluxation of the tibia backward, bandages are passed over the femur and under the bars of the instrument, thus forcing the femur backward, and to press the tibia forward the bandages are passed under the tibia and over the bars from within outward. And, finally, to reduce the excessive congestion of the knee joint, it must be firmly strapped with adhesive plasters.

Five months ago I applied the instrument, as above described, and it remained in that position until night before last (up to which time, as the father states, he had no pain whatever), when a portion of the attachments gave way.

The boy, as you see, has greatly improved; in fact, looks as strong and rugged as any boy, and has nearly recovered. As there is still pain in the joint, however, when I press the ends of the bones together, he still requires the instrument, and will be benefited by its use.

Before closing this lecture, gentlemen, I must say that to Mr. Rynders great credit is due for the admirable manner in which he has constructed this instrument. It has been on this child for over five months, and all its joints and parts are as perfect and free from rust as the day it was put on.

[The instrument was readjusted, as above, and the boy walked out of the room, suffering no pain.]

Communications.

APPARATUS FOR FINDING THE AMOUNT OF CO_2 IN A GIVEN ATMOSPHERE.

BY I. GILBERT YOUNG, A.M., M.D.,
Of Philadelphia.

Early in February I received an appointment as Sanitary Inspector of the Public Schools of the Eighteenth Ward, Philadelphia. The questions to which I was requested to reply pertained mainly to the subjects of heating, ventilation, character of desks used, postures of the children, and the cleanliness of the various buildings. These queries were generally of easy solution, with a single exception, and that was:—Give "the percentage of CO_2 in the air" of each room examined.

Now, even to a practical *chemist*, I think, the accurate obtaining of the proportion of carbonic acid gas in a given atmosphere involves considerable difficulty; but to me, only a general practitioner, the question was, for a time, a poser. Of course, I had theoretical notions how the affair should be conducted, but to get at an accurate, practicable, and at the same time, inexpensive method, "there was the rub."

After consulting all the authors on the subject I could find, and conferring with chemical professors, Rogers, Bridges and Drown, I finally adopted the following described apparatus, as a result of a careful culling of ideas from all sources. Of course, nothing original is claimed for it, except its adaptation to a present emergency:—

First, in order to obtain a sufficiently large known quantity of air for examination, in each experiment, I had a wooden box or tank accurately made, water-tight and air-tight, of exactly 10,000 cubic inches content, its dimensions being $20\times20\times25$ inches. It was provided with side-handles, for easy transit, and being placed on four legs, its top was raised a sufficient height from the floor to serve as a table for the placing of the other apparatus used. This box, or *aspirator*, was provided with the following open-

ings:—On the top, an inch and a quarter conical aperture for filling, by means of a large funnel, the tank with water, and a smaller opening furnished with a stop-cock and a vertical quarter inch copper tube, 7 inches long. At the bottom of the aspirator, an opening for emptying the same, with stop-cock and a goose-neck tube, for preventing the entrance of air in that direction.

On the top of the tank were placed a Wolffe's bottle, containing the decarbonizing solution used, being connected on one side by means of glass and rubber tubing, with the vertical copper pipe leading to the tank, and on the other side, with a chloride of calcium drying tube.

Prior to performing my experiment, I had my assistant fill the aspirator with water, its contents being exactly twenty buckets, of the size I used. Promptly on the hour, daily, which was in each building, always at 11 A. M. and 3 P. M., I made the necessary attachments, corked the filling aperture, opened the upper cock, and placing a receiving bucket under the lower one, opened it also, and thus set the apparatus going. The air of the room entering the calcium tube, was deprived of its moisture, and then bubbling through the solution in the Wolffe's bottle, gave up its CO_2, and, finally entered the tank. After the water had run out one-half, or to the extent of 5000 cubic inches, the experiment was concluded, that amount of air being considered sufficient to give appreciable results.

I at first filled my Wolffian bottle with a perfectly clear preparation of liq. calcis, made and kept at or below 60° Fahr. For convenience, however, I soon substituted for this a saturated solution of caustic baryta, which was very sensitive and more quickly prepared. For analyses of the air made in a laboratory or where accurate balances can be at once used, I should prefer the use of strong solutions of caustic potash or soda, in Liebig's potash tubes, as decarbonizing means, but in experiments made in different places, as school-houses, where immediate weighing facilities are not at hand, I have found from experience that the potash tubes are liable to loss, and therefore inaccurate.

At the close of my experiment, the turbid, carbonated contents of the bottle were carefully filtered, through previously-weighed Swedish filters, and after drying carefully weighed again, to hundredths of a grain, on one of Trœmner's Analytical Balances. From the increase of weight thus obtained, by a couple of simple chemical calculations, the relative amount of CO_2, in a given quantity of air examined, was approximately estimated.

In a future brief article, I hope to give, in figures, some of the results of my observations, in various school-buildings.

THE SOLUBILITY OF BILIARY CALCULI WITHIN THE GALL BLADDER.

BY RALPH S. GOODWIN, M. D.,
Of Thomaston, Ct.

In number 894 of the MEDICAL AND SURGICAL REPORTER, published April 18th, 1874, appeared a communication from Dr. E. Burd, of Iowa, in which the writer expresses his belief that certain substances, such as Durande's mixture, which consists of sulphuric ether and turpentine (three parts of the former to two of the latter), as well as chloroform and ether used separately, when taken into the stomach, are capable of exerting a solvent action on biliary concretions already formed in the gall bladder.

In support of his theory, the Doctor relates the case of a patient who was evidently much benefited by taking Durande's mixture, claiming for it a solvent action on the concretion already formed, or in the process of formation, in the gall bladder.

Not long since, in a paragraph coming from a London medical periodical, and going the rounds of the medical press in this country, it was claimed that a clergyman of England, who had suffered from gall stone colic very many years, was finally permanently cured by the solvent action of chloroform taken persistently, in five drop doses, *ter die*.

Now these statements show that there is a fascination about this solvent theory of the action of medicines on gall stones, notwithstanding its absurdity, which it is difficult for the medical mind to resist.

I desire to say a few words in refutation of this theory, since I have had a little experience in cases of this kind.

A few years ago I had the fortune to encounter a very obstinate case of cholelithiasis, in which, contrary to the general rule, I had succeeded in catching upon a sieve, at different times, a number of the concrements, establishing the diagnosis. Not being at that time very certain as to the impossibility of the solution of gall stones by medicines, and having failed by

other measures to control the cholelithic diathesis, I determined to give the solvent medicines a trial.

I gave my patient, who was a woman of sixty years, fifteen drops of chloroform three times a day, and succeeded in inducing her to continue its use for three months, notwithstanding that during that time an attack of gall stone colic occurred nearly every week. I then tried the succinate of iron, as recommended by Dr. T. H. Buckler, with the same object in view, but without satisfactory results; and finally I persuaded her to try the nauseating mixture of Durande, according to rule, for a period of several months. This also was accompanied by no good results, except a larger collection of gall stones with which to experiment; and so I became extremely skeptical as to the solvent power of medicines on biliary calculi. I then made a few simple experiments with the gall stones which I had saved. I threw one of them into an ounce phial filled with chloroform, and though the specimen weighed only five grains, it required thirty-six hours to dissolve it completely.

Chloroform will dissolve a biliary calculus of any chemical variety, but it does not follow readily that it can be introduced into the blood in sufficient quantity to effect a solution of a concretion immersed in bile in the bottom of the gall bladder, or lodged in a gall duct.

Another experiment was this: I procured, on one occasion, a human gall bladder half full of bile, having carried it away from an autopsy. I weighed one of my specimens of gall stones, and dropped it into the bile contained in the bladder. I then dropped into the same thirty minims of pure chloroform, tied up the bladder, agitated it, and hung it in a secluded place. At the end of ten days, I took out the specimen and weighed it. It had gained somewhat, rather than lost in weight, owing to its hygroscopic qualities. I then replaced it and added one drachm of pure chloroform. In fourteen days I took it out and weighed it again and found it had not lost weight. The chloroform had evaporated in both cases, leaving no odor behind. There was no appearance of erosions on the gall stone. I had intend to try Durande's mixture in the same way, but was prevented by evidences of putrefaction in the bile.

Now, I reasoned thus: if a teaspoonful of chloroform, which is the greatest dose possible for any person to take habitually into the stomach, would not dissolve a gall stone of very moderate dimensions when dropped directly into a gall bladder containing bile, outside of the human body, it would certainly be a wild stretch of fancy to expect it to do so when diluted through eighteen or twenty pounds of blood, and distributed all over the body, with a certainty that not more than the hundredth part would ever reach the vicinity of the gall bladder. I do not claim, of course, that this experiment was entirely conclusive, since it was conducted outside of the body, and, therefore, the conditions were not the same as in the living body. But the conditions would be, theoretically, more favorable outside the body, as in the experiment, than during life. For we are not certain but that chloroform and ether undergo some sort of decomposition in the process of digestion, so that they do not appear in their full integrity in the presence of the gall stone. It cannot be claimed that these substances are cumulative in the system, so that by repeated and prolonged exhibition they may finally exist in sufficient quantities to produce a solvent action. They are evanescent and volatile, and speedily find their way out of the blood by the kidneys, lungs, etc.

The same arguments will hold in regard to Durande's remedy. In the year 1806, Thenard read before the Academy of Sciences, at Paris, a paper, in which he showed the impossibility of the solution of gall stones by Durande's method. I will quote from "Thudichum" (page 81), what he says on this subject:—

"At a temperature of 32° R., the ether in the mixture must separate from the oil of turpentine, and evaporate. The mixture, moreover, could only be taken in moderate doses, and even when taken in large doses, no part of it could get into the gall bladder, or at least so small a quantity that its solvent power could not be taken into account."

After expressing his disbelief in the solvent action of medicines on gall stones, Mr. Thudichum himself says (page 86):—

"I have used the mixture of Durande in some instances, and have always had some difficulty to prevent the patients from continuing it, for an undue length of time. For I had found what I remember to have seen recorded as the result of the experience of others, that when the mixture is used improperly or too long, or even according to rule, it is apt to cause inflammation. In one of my cases, where it was taken

for years, the chronic inflammation of the liver and neighborhood of the gall bladder appeared to have been produced, or at least greatly aggravated by this mixture, or by the turpentine which it contains."

Von Niemeyer says (vol. i. page 705), "the fact that ether and oil of turpentine dissolve biliary calculi placed in them, does not justify the hope that they will dissolve any concrements in the gall bladder, if they be introduced into the stomach. Hence, if Durande's remedy has a favorable influence on the conditions induced by gall stones, as we must suppose it has, from the recommendations of numerous and good observers, this can only take place in some way which is entirely unknown to us."

Prof. A. Flint, in his work on practice of medicine (page 438), says, "it seems, however, absurd to suppose that these or other remedies can be introduced into the system, so as to enter into the composition of the bile largely enough to dissolve the cholesterin, of which mainly biliary calculi are composed. And it is evident that clinical proof of the success of remedies given for this end cannot be obtained, since, in general, the existence of calculi within the gall bladder is not ascertained prior to their passage into the intestine."

Now in the face of such authority and cogent reasoning as this, is it proper that we should still stick to the old theory of the solubility of gall stones by medicines? And should we, in proof thereof, adduce cases from our practice, which happened to get well in spite of the "dissolving treatment?"

Medical Societies.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

Dyspepsia.

BY J. W. P. BATES, M. D

In the discussion of this subject, I propose to omit all diseases in which indigestion is merely a symptom, all cases in which organic structural change can be discovered in the alimentary canal, as well as those acute attacks known as bilious, and the so-called gastric fever. The question, therefore, is limited to the chronic form of functional dyspepsia. "Dyspepsia is a chronic disease. By this, I mean that its natural path is straight on from bad to worse, unless from the interposition of some extraneous circumstances of accidental or designed origin, foreign to the phenomena of the disease itself." So says Chambers, and I do not suppose many physicians will be disposed to differ with him.

The symptoms of dyspepsia may be local or sympathetic. The most prominent local symptoms are, a feeling of discomfort, sometimes amounting to severe pain, a variable time after eating, nausea, anorexia, a feeling of tension, eructation of gas, regurgitation of acid or acrid matter, pyrosis, cardialgia, vomiting, etc. One of the symptoms most frequently complained of, is a sensation of choking from the presence of a ball in the throat. It corresponds precisely with the *globus hystericus*, but is usually unaccompanied by any other hysterical phenomena, and is met with in a large proportion of cases. In some cases, there is decomposition of food and evolution of fetid gas. The bowels are usually costive, sometimes they are loose, whilst in some cases there is an alternation of diarrhœa and constipation. The sympathetic symptoms are, more or less languor, mental inactivity, gloomy foreboding, palpitation or irregular action of the heart, dry rough skin, vigilance, capricious appetite, and cold extremities. Many persons who apply for relief imagine that they are suffering from some incurable disease of the brain, lungs, or heart, and it is only after considerable questioning that you can obtain any account of the digestive organs. They look upon the uneasiness felt in the abdomen as a result of what they consider the true disease, and are by no means pleased to have you leave the prominent symptoms, for the investigation of such a small subject as that of digestion.

A few months since, a clergyman from the country, who had been under treatment for some time, applied to me for relief. He was firmly convinced that his brain was seriously affected, and that insanity would be the result. Upon inquiry, I was led to believe that indigestion was the sole cause of his trouble, and gave him strychnia, and other tonics, which afforded complete relief. He thought I was trying an experiment, and that he ran great risk of being poisoned, but as he got well, his fears were of no moment.

Digestion being a compound process, dyspepsia may be produced by any cause which produces derangement of any of the different stages of changing food into chyle. For the proper performance of the function, there must be proper quality and quantity of food; sufficient mastication and insalivation; active contractility of the muscular coat of the stomach; and proper quality and quantity of the gastric, pancreatic, and biliary fluids.

The principal causes of dyspepsia are: excess in eating and drinking; too little food; anæmia; anxiety and depression; change of habits, as from an active to a sedentary life; overwork, fatigue, etc. In regard to anæmia, it may be both a cause and an effect of dyspepsia.

The treatment may be divided into the dietetic, the mental and the medicinal. In regard to the diet, there are no rules suited to all cases, but the individual experience in each

case must be the guide. Our object is to improve the tone of the organs by a judicious regulation of the diet, and gradually educate them up to the point of attending to the function without producing discomfort.

"Patients and doctors both make a great mistake in shunning absolutely all that causes pain or inconvenience. They ought to consider whether the thing shunned is, or is not, essential to high health; if it be so, every effort should be first made to get it borne without pain; where that goal cannot be realized, wisdom and duty will often guide us to submit to the pain, for the sake of the accompanying advantage."

"I do not think that we profit much from those off-hand advisers who suppose they accomplish everything by forbidding the use of the sort of food which produces the symptoms. Neither in the indigestion of the vegetable, animal, oleaginous, or watery articles of diet, does this restore health. A short repose, and abstinence from unnecessary excess in the indigested dishes, is, doubtless, wise. But that abstinence must not be complete and final. The temporary repose may be accomplished, often, by a change in the mode of preparation of the articles which cause most inconvenience. There is an advantage in not mixing too much the animal and vegetable food. In a weak stomach they interfere with one another's digestion. In the indigestion of animal food it will be found to be generally the form, rather than the chemical constitution of the aliment against which the stomach rebels." (Chambers, on the Indigestions).

The habits of life should be regulated, and exercise in the open air insisted upon, in all persons whose occupations are sedentary. In ordering this exercise we will be compelled to find some means of occupying the mind, or else it will dwell on every morbid sensation, and the walk or ride will be rendered useless, on account of the continual brooding.

The medicinal treatment of dyspepsia is said, by authors, to be of less value than the dietetic and mental, but in general practice, it is what we have to rely upon most fully. Nearly all articles of the materia medica have been used at some stage, and we cannot wonder at it, when we consider the many troublesome symptoms to which we must give relief. To state the treatment in general terms, almost all cases require tonics at some stage of the disease. Of these, the most reliable are quinine, iron, strychnia, the mineral acids, and the bitter vegetable tonics, as calumba and gentian. To relieve pain and discomfort, we can use belladonna, conium, and bismuth. Excess of acid is best neutralized by lime-water or magnesia. For the vomiting, creasote, oxalate of cerium, etc. Gastric fermentation may be checked by brandy, and the various aromatic spirits, and the flatulency and tympanitis require carminatives, stimulants, tincture of the essential oils, aromatic powder, charcoal powder, etc. If the attacks result from over exertion, carbonate of ammonia, with compound tincture of gentian, or extract of gentian, may frequently relieve. From a general view of the subject, I think we can arrange most of the cases under one of three heads:—

1. A general want of secretion, particularly of the gastric glands, characterized by loss of appetite, dryness of the mouth, and discomfort after eating. The treatment is small doses of ipecac, regulation of the bowels, pepsin, bitter tonics, nitric acid, etc.

2. Secretion in excess, accompanied by vomiting, cardialgia, and nervous excitement, sometimes diarrhœa. Treatment, hydrocyanic acid, bismuth, conium, bitter vegetable extracts, nitrate of silver, etc.

3. Accompanied by the generation of gas, carminatives, absorbents, tonics and remedies, as sodæ sulphis, to prevent putrefactive change.

As for the special articles which are sometimes difficult of digestion, I can only mention a few classes. Pancreatine or pancreatic emulsion can be used when fat is not digested. In indigestion of water, when from anæmia, use iron; when from heart disease or emphysema, a mercurial purge. Starch and sugar, charcoal, bismuth, sodæ sulphis, etc. Albumen and fibrin; pepsin. In all cases use tonics, as iron, quinine and strychnia. When pepsin is indicated, I think it is useless for the physician to expect any beneficial results from the wine, or most of the elixirs in the market. Where the powder cannot be procured, I have seen very good effects from the use of the lining membrane of the gizzard of chickens, washed and dried, and used after meals. It is superior to any wine of pepsin I have ever used.

NEW YORK PATHOLOGICAL SOCIETY, STATED MEETING, February 10th, 1875.

Dr. Delafield, President, in the chair.

Poisoning by Aconite and Chloroform.

Dr. Blake related the case of a young woman, aged twenty, who took a mixture of one drachm of tincture of aconite root and chloroform. He saw her fifteen minutes after the poison had been taken. Her respiration and pulse had ceased, and she was in a condition of semi-death. The stomach pump was immediately used, and the greater portion of the poison was thus evacuated. The battery was applied, and both the respiration and pulse responded to its stimulus. Its use was continued, and half oxygen gas and half atmospheric air administered for three consecutive hours, with the effect of maintaining the respiration and pulse. The patient recovered after the protracted electrical stimulus.

Dr. Blake said that the prolonged action of the poison made this a remarkable case. There was complete stasis of the blood, and the cuticle came off readily by rubbing any portion of the body. The urine was examined, and contained a large quantity of albumen and fragments of

casts. Four days later it was again examined, but no albumen was found nor casts seen.

The question arises, did this condition of semi-death induce that temporary condition of the kidneys, or were they the seat of chronic disease? It is maintained by some, that chloroform, when administered, produces desquamation of the uriniferous tubules.

In answer to the president, as to the character of the casts, Dr. Blake said that he thought they were epithelial, though he had not examined them carefully.

The president said that the point of interest in this case, was the state of the kidneys. He thought that the action of the poison was enough to produce a venous congestion of the kidneys, inasmuch as it had caused stasis of the blood of the surface of the body, and that the desquamation was not due to chronic disease.

Dr. Blake said that the specific gravity of the urine was never less than 1024, and even rose to 1028.

Malignant Stricture of the Œsophagus—Adenoma of Breast.

Dr. Erskine Mason presented a specimen of cancerous growth of the œsophagus, with the following history:—

A man, aged fifty-three, was admitted to the Colored Home, in October, 1874. He had always enjoyed perfect health, until two months previous to his entering the home, when he began to lose strength. Two weeks before admission, he began to experience a difficulty in swallowing, especially solid food, which, when taken, would meet with an obstruction at a point opposite the upper portion of the sternum, and he would immediately eject it. Liquids he could swallow, but with great difficulty. A bougie of the size of No. 18 of the urethral scale was introduced, and became arrested in its course by an obstruction situated at a distance of eight inches from the teeth; it then deviated to the right, and passed through. Frothy blood and mucus were ejected after the operation. A diet of milk and beef tea was ordered. At the end of a week, Nos. 5 and 6 œsophageal bougies were introduced, after which raw oysters were swallowed, but with great difficulty.

His strength gradually failed, and he died shortly afterward. Some aphonia was present. He felt no pain at any period of the disease, but on the day previous to his death he complained of pains all over his body.

Autopsy.—Three inches above the pylorus, a mass was seen involving the anterior portion of the œsophagus, measuring five and a quarter inches in circumference and four inches in length. It was nodulated, of a white color, moderately vascular, and traversed longitudinally by a channel. The tumor was given to Dr. Arnold for microscopical examination.

The other specimen presented by Dr. Mason was one-half of the right breast, which was removed from a patient in Roosevelt Hospital. An unmarried woman, aged thirty-two, had always enjoyed good health. She never received any injury of the breast. Eight years ago she had noticed a circumscribed hardness of the right breast, which gave no further trouble, until four years after, when it began to grow rapidly. On examination, the tumor was found to be movable. The nipple was not retracted, and the skin of the breast not discolored. There never was any lymphatic enlargement. She experienced no pain until a few months ago, when she would occasionally feel a slight twinge at the seat of the tumor. The patient applied to the hospital on account of the weight of her right breast. Dr. Mason regarded the tumor as an adenoma. He replied in the negative when asked by Dr. Sayre if the patient who suffered from the œsophageal stricture had ever injured the parts by swallowing fish bones. Dr. Mason said that when stricture of the œsophagus was caused by injury, the stricture was annular, and did not involve a large amount of tissue. The president stated that in these cancers, ulceration generally occurred, but that process had not taken place in the present case.

With regard to the adenoma of the breast, he said that it belonged to a class of tumors which consist almost entirely of fibrous tissue. In the normal tissue a few acini and cysts are buried, the whole mass being separable from the skin. On account of their structure they are not malignant.

Aneurism of the Descending Portion of the Arch of the Aorta.

Dr. Leale presented a specimen of aneurism of the descending portion of the arch of the aorta, which ruptured into the œsophagus, and was taken from a man aged 31, who during life complained of rather vague symptoms, the most prominent one being headache. The temporal arteries were resistant and pulsated strongly. General atheroma of the arteries was diagnosticated. He had circumscribed bronchitis, and was very anæmic. He suddenly died of hemorrhage, the immediate cause of which was rupture of the aneurism, the result of violent exercise, such as striking his chest with great force, etc., on the evening previous. There was no aphonia present.

Autopsy.—The post-mortem examination showed an aneurism of small size, situated in the descending portion of the arch of the aorta, which had ruptured into the œsophagus. It contained layers of fibrin superimposed upon each other.

The thoracic duct was pressed upon by the sac, which accounted for the anæmia of the patient. The bronchi, just below the bifurcation, contained mucus. The stomach was filled with blood.

The president said that small aneurisms rupture more frequently than large ones.

Dr. Leale stated that no diagnosis of the aneurism was ever made, though the patient had been examined by many physicians. This was owing to the fact that the descending por-

tion of the aorta is so deeply situated, and in this case the aneurism was of small size.

Pericarditis and Hypertrophy of the Heart—Cirrhosis of the Liver.

The president presented two specimens; the first one being a hypertrophied heart and inflammation of its pericardium; the second one was a cirrhotic liver. The history of the first case was as follows:—

A woman, aged 27, entered Roosevelt Hospital on the 27th of January, 1875. Five days before admission she was taken sick. On examination a systolic murmur was heard, and pericarditis was diagnosticated by the house-physician on duty. On the following day a double friction sound was heard, in addition to which bronchial respiration and dullness over both lungs posteriorly were detected; double pneumonia was accordingly diagnosticated, besides the pericarditis. Toward the last the patient became cyanotic and delirious, and died.

Autopsy.—On opening the thorax there was a bulging of the pericardium, which extended above to the first rib. This bulging, however, was not due to the effusion of serum, but largely to an actual thickening of the pericardium itself and to the deposit of a layer of fibrin upon its parietal and visceral surfaces, also to an enlargement of the heart. The pleural cavities contained serum. The lungs were œdematous, congested and non-aerated, but were *not* pneumonic. The liver was congested and enlarged, extending above to the fourth rib. The spleen and kidneys were congested. The other organs were healthy.

The peculiarity of this case was the supposition of the existence of pneumonia. The bronchial respiration was due to compression of the lungs by the enlarged heart and liver, and to the pleural effusion.

The second specimen was taken from a man, aged 56, who was admitted to Roosevelt Hospital on December 4th, 1874. He had been addicted strongly to the use of alcohol, and had enjoyed fair health, though occasionally suffering with dyspepsia. Four and a half months before death he had had typhoid fever, which left him in a debilitated condition. When he entered the hospital his abdomen was immensely distended with fluid and his legs œdematous. He was tapped on January 26th, and the operation was repeated on February 5th. He died a few days later.

Autopsy. — The post-mortem examination showed a diminution in the size of the liver, which weighed only two pounds. It was smooth, instead of being nodular, as is generally found in cirrhotic livers. The capsule was not much thickened. Its surface presented an increase of fibrous tissue and surrounding small groups of acini. The hepatic cells were not diseased; some of them were not more fatty than would be found in a normal liver.

The president said that nodulation in cirrhosis of the liver depended on a destruction of the liver cells, which was contrary to what is taught, that it is due to the contraction of the connective tissue newly formed. This form of cirrhotic liver, as exhibited by the specimen, he said, was seldom met with, though the clinical history was the same as that characterizing ordinary cirrhosis.

Editorial Department.

Periscope.

Why is Phthisis an Apex Disease.

This question is answered in the London *Medical Times and Gazette*, by Dr. Green, as follows:—

In comparing the pulmonary changes which are produced by the bronchial secretion in a case of capillary bronchitis in a child, with those which constitute phthisis, we are, however, met by this difficulty, that the seat of the pulmonary consolidation differs in the two cases. Whereas the simple broncho-pneumonia which results from a capillary bronchitis is most marked in, and often exclusively confined to, the lower portions of the lungs, the consolidation of phthisis almost invariably commences at the apices. The explanation of this difference involves the explanation of the fact that phthisis is *par excellence* an apex disease. On this subject we can, I believe, at present be little more than hypothetical. We are still unable to explain how it is that an acute croupous pneumonia occurring in a healthy person almost invariably originates at the extreme base of the lung. Aufrecht attempts to account for the situation of phthisical consolidation by stating that the expiratory power of the apices is not so great as that of the lower portions of the lungs, and that, consequently, inflammatory products which have accumulated in the smaller bronchi and air-vesicles are less readily removed by expectoration from the former than from the latter situation. Whether this be so or not, there can be no doubt that clinically we often find, in cases of simple bronchial catarrh occurring in debilitated subjects or in those suffering from acute diseases, that the moist and dry râles persist at the apices for some time after they have disappeared from the lower portions of the lung, and in some cases the physi-

cal signs are even confined to the apices without there being any evidence of phthisis. In attempting to explain the peculiarity in the situation of phthisical consolidation, it must, at all events, be admitted as possible that the upper portions of the lungs are those which are especially predisposed to disease.

Hygiene of Incurable Heart Disease.

The following advice on this subject is given by Dr. C. M. Durrant, in the *British Medical Journal*:—

The first that will present itself to our minds will be the careful avoidance of sudden and hurried motion. Nothing is so likely to cause sudden death in advanced heart-disease as this. Hurrying to catch a train, attempting to walk rapidly up hill, especially in the face of a strong wind; dragging or lifting weights, and many other movements which will occur to the medical attendant to interdict, must be sedulously avoided by the patient. In cases of regurgitant aortic disease and great thinning of the ventricular walls, as well as in fatty degeneration of their structure, this injunction will be doubly necessary. I believe that prolonged traveling by train may be highly prejudical, and tend to a fatal termination by exhausting nerve-force. I have seen two cases of sudden death follow upon a railway journey, which I could only explain in this way. Both were subjects of advanced valvular disease.

Another very necessary precaution, and one not to be neglected by the patient without the greatest hazard, is the avoidance of partaking at any one time of a large distending meal, even though the food taken be of an easily assimilable character. This is a fruitful, but not a sufficiently recognized, cause of sudden death in heart-disease. This senile syncope, as it has been called, may be generally traced to the filling the enfeebled stomach beyond its power of disposing of its contents. Undigested food, acting as a foreign body, irritates the stomachal nerves; and thus, irritation being reflected upon the cardiac nerves, they in their turn fail to influence sufficiently the coronary vessels, and hence the cardiac syncope, and, if not relieved, fatal termination. In all cases of organic heart disease, the meals, let it be remembered, should be small in quantity, of easy assimilation, and of frequent repetition; so that the heart may be pressed upon by a distended stomach, on the one hand, or its due supply of nerve-force exhausted by prolonged abstinence, on the other.

Cold liquids, if taken in excess, and especially if quickly followed by exercise, and more particularly if this exercise be up an ascent, are very likely, by exciting nerve-irritation, to produce cardiac syncope and sudden death. In these days of almost universal tea-drinking, and at all hours, it requires some courage to inveigh against the popular custom; neither is it my intention to do so, beyond a few observations bearing upon the especial subject under our consideration. I think that the discrepancy in the minds of medical men in regard to the effects of tea, and the diametrically opposed opinions which are so freely enunciated, are much to be deprecated. Tea acts chiefly as a nerve-stimulant, and, when taken in moderation as to quantity, and not too strong, it can in no wise be injurious in heart-disease. When taken under these circumstances, it exhilarates and restores, and may often well supply the place of alcohol, with its subsequently depressing and intoxicating effects. With some persons, it should be remarked, tea will be found to act as a powerful nerve-irritant, amounting almost to a poison, and producing cardiac feebleness, flatulence, irregularity of the heart's action, and the many nervous disturbances which we must all have witnessed, even if we have not in our own persons experienced its discomforts. In such idiosyncracies, the use of tea and coffee must be strictly prohibited.

Another question arises, as to how far a patient laboring under serious heart disease should debar himself from sexual intercourse. I believe, as a rule, that it should be absolutely forbidden, especially in the more serious conditions of heart above referred to.

Characteristics of Phthisical Sputa.

At a meeting of the Birmingham Medical Society, Dr. Sawyer read a paper on this subject, and on the method and value of a microscopical examination. A paper on the examination of phthisical sputum appeared in the *Lancet* in 1868, and the method of procedure therein advised Dr. Sawyer had often found in practice to be most satisfactory. If we compress a portion of phthisical sputum on a slide, we can readily see, with a quarter-inch power, young and old cells, mucus- and pus-corpuscles, blood-discs, "exudation-corpuscles," etc., but such a plan will not readily show minute portions of pulmonary tissue, and these are the characteristic marks of the destruction of lung-tissue. Following Dr. Fenwick, he had found it best to slowly boil about two drachms of the sputum to be examined in a test-tube, with an equal quantity of solution of caustic soda, which destroys the ropiness. Mucus- and pus-corpuscles are disintegrated; while fragments of less easily destroyed tissue, as minute portions of lung-tissue, fall to the bottom of the tube, and may be removed by a pipette, and placed on a slide for microscopical examination. We may find beautifully slender and curling fibrils of the yellow elastic tissue, or scraps of the smallest bronchial tubes, or shreds of the outlines of groups of air-cells. These are very attractive microscopic objects. In the field, at once may be seen the outlines of half a dozen groups of air-cells clearly marked, with traces of red blood-cells, and scattered portions of coal, or other hard and black insoluble matter. In cases of any doubt, the discovery of fragments of pulmonary tissue in the expectoration will furnish interesting confirmatory evidence of the condition of the patient.

Cases of Chronic Gastric Ulcer.

Dr. MacSwiney read a paper, reported in the *Irish Hospital Gazette*, detailing the history of four cases, presumably of this affection, which had lately been under his care, as well as that of a patient who, in some respects, presented symptoms closely resembling those of gastric ulcer, but which he believed to be of hysterical origin. The diagnosis of one or more ulcers in the stomach in the first four cases was founded upon the presence, in each instance, of the most important of the admitted symptoms of the disease; viz., pain, vomiting, derangement of digestion, and hæmatemesis (in one case only). All the patients, also, were females, and within the ages (fifteen and thirty years) at which the disease is most common. The menstrual functions were well performed in all; so that, as far as they went, these cases would not sustain the opinion that there was a direct relation between amenorrhœa and gastric ulcer. Dr. MacSwiney thought that this might be an aid to the diagnosis between the vomiting and pain in hysteria, and the same symptoms in gastric ulcer; menstruation being in the former class of cases gravely deranged, but not, in his experience, in the latter. Gastric ulcers were now generally supposed to be due to a local stoppage of the circulation, consequent upon disease of the gastric vessels, caused by a hemorrhagic necrosis. Possibly a local accidental injury, such as occurred in one of Dr. MacSwiney's cases, might, upon a rare occasion, be the primary cause of the disease. In the treatment of these cases Dr. MacSwiney enjoined rest in bed, and strict dietetic precautions. He gave opium internally, to allay pain; gallic acid, to arrest hemorrhage; and bismuth to arrest and cure the ulcerative process. Constipation was removed by aperient enemas, and a belladonna plaster always applied over the seat of pain. Dr. MacSwiney spoke highly of the efficacy of bismuth in ulcer of the stomach, and said that he believed the liquor bismuthi (Sacht) possessed "something approaching specific curative action in this disease."

Coxitis Treated by Rest.

The *Lancet* states that, according to Mr. Hulke, of the Middlesex hospital, diseased hip and knee-joints, a considerable majority of which are of the kind designated scrofulous, furnish by far the greatest number of cases of joint disease admitted into the metropolitan hospitals. Of 150 cases of joint disease taken into the Middlesex Hospital under the care of Mr. Hulke, forty-five were examples of coxitis and fifty-two of gonitis. Being for the most part a disease of early life, the great fatality of coxitis is made evident when the small number of adults bearing marks of former hip disease is contrasted with the large number of children suffering from it. When allowed to run its course without treatment it is very frequently fatal, and it is scarcely less so when inefficiently treated. Even of the survivors, how many are there whose career is marred by a crippled, distorted limb, the result of neglect, or insufficient enforcement of the simple precaution of fixing the joint and keeping the thigh in such a posture as to secure the smallest possible loss of usefulness. It is too common to find in these persons the limb so shortened that their gait is painfully halting, and not unfrequently there is a high degree of adduction, with inward rotation of the thigh, which entails special inconvenience, especially in females. Yet, except in its advanced stages, coxitis is generally a tractable disease. In many cases in the early stages rest alone will often suffice to bring about recovery; but, unfortunately, the early symptoms too often fail to attract the attention they deserve. When cases are seen in the early stages Mr. Hulke adopts the practice of fixing the joint and limb by traction with De Morgan's apparatus. Generally in a short time there is so much improvement that the splint can be replaced by a gypsum spica bandage encircling the pelvis and carried down the thigh as far as the knee. If the precaution is taken to protect carefully all the bony prominences with cotton wool, and to make the bandage very strong at the groin (where it usually first cracks), it will not require shifting or renewal for several weeks. With this bandage the child may be allowed cautiously to leave his bed and move about a little. Ultimately a moulded leather splint is substituted for it. One great difficulty with which the surgeon has to contend is the want of sufficient care on the part of the parents, who cannot be too strongly impressed with the necessity of long watchfulness, and of the resumption of absolute rest should the slightest sign of a renewal of the mischief declare itself. It is not intended to place the measures here described in competition with the treatment with Sayre's splint, but the cost of this is generally beyond the means of the working classes, and it needs, too, a close supervision and regulation, any neglect of which destroys its efficiency.

Reviews and Book Notices.

BOOK NOTICES.

Orthopædia, or a Practical Treatise on the Aberrations of the Human Form. By James Knight, M. D., etc. New York, G. P. Putnam's Sons, 1874. 1 vol., cloth, 8vo, illustrated. pp. 364.

Dr. McKnight, who for many years has been connected with the Hospital for the Relief of the Ruptured and Crippled, gives in this volume a selection from his experience in the branch of surgery which he styles "Orthopædia," a word not altogether correct in the wide sense he em-

ploys it. We may say, at the outset, that neither the style of the composition, nor the fullness of the illustrations, nor the literary finish of the book is quite up to the mark. Evident signs of carelessness in any and all of them were easy to signalize. But passing these by, we rather give our attention to the contents of the work. It has twelve chapters. The first two contain an inquiry into the origin of fetal malformations. Less weight is here assigned to maternal impressions than is usual, and the author finds most malformations explicable by malpositions of the fetus in utero. The treatment of talipes is next considered, in its various forms and their various stages. The shoes recommended are pictured, and the operations proper described. Infantile paralysis is next discussed, and stress laid upon the use of electricity as a therapeutic agent in it. Contractions of the hands, fingers and toes, lateral curvature of the spine, torticollis, rachitis, hernia, procidentia uteri, ectropion vaginæ, relaxed abdomen, varicose veins, bursæ, ganglions, diseases of the joints and bones, and necrosis, are studied in the order given. The concluding chapter is on "tonics, and their effect upon the system." They are defined as "excitants, having special tendencies to certain organic functions." Exhilarating influences, pure air, certain temperatures, cod oil and electricity are characterized as among the best tonics. Many useful suggestions are interspersed concerning the treatment of various diseases connected with the cachexiæ of malformations, such as scrofula, diarrhœa, ozæna, etc.

The Histology and Histo-Chemistry of Man; A Treatise on the Elements of Composition and Structure of the Human Body. By Heinrich Frey, Professor of Medicine in Zurich. Translated from the fourth German edition, by Arthur E. J. Barker, Surgeon to the City of Dublin Hospital, etc., and revised by the author. With 608 engravings on wood. New York, D. Appleton & Co, 1875. 1 vol., cloth, 8vo, pp. 683.

The value of Frey's Manual of Histology has been best attested by the fact that in a very few years it has not only gone through four editions in German, but has also been translated into French. Without entering with too much prolixity into theoretical views, it embraces a complete summary of the results of the microscopical study of the body. Commencing with a few pages on the history of this branch of science, the author points to BICHAT as the first anatomist who appreciated the value of a study of tissues. "Child of a stirring time, urged on by the great philosophers of his day, he founded a system of histology which his immediate successors were unable to improve upon, for lack of newer methods of investigation." The new era in histology was ushered in by the construction of achromatic object glasses for the microscope. Taking advantage of this discovery, SCHWANN founded the science of *histogenesis*, the study of the origin of tissues. By him the cell was asserted to be the starting point of all animal structures. The latest research confirms this view. But the definition of a cell has been materially modified. According to our author, it is "a microscopically small, primarily spheroidal body, which often assumes, however, other forms, and which consists of a soft mass, including within it a peculiar structure (the nucleus)."

The cell is the primordial structural element of our frame, from which all tissues are built up. Previous to considering it, however, our author devotes some sixty pages to the "elements of composition of the body," the albuminoids, the fatty acids, the carbo-hydrates, the organic bases, the coloring matters, and the mineral constituents. After studying the cell, he proceeds to the tissues of the body, those composed of simple cells, then connective and composite tissues. The last 250 pages are on organs of the body, which, following Bichat, he divides into "organs of the vegetative type," and "organs of the animal group." The first category embraces the circulatory, respiratory, digestive, urinary and generative apparatus, the second the bony, muscular, nervous and sensory systems. The latest investigations in all these branches are faithfully reported, but not without criticism. For instance, we observe (p. 326) that he remarks, on the statements of Krause, Pfluger, and Boll, about the terminations of nerve filaments in glands, "We regret to be obliged to express our incredulity as regards the correctness of all these statements." Many extreme refinements of microscopical research merit equal skepticism.

The translator has done his difficult task well, and the publishers, in giving such liberal illustrations, have rendered the work doubly useful to the earnest student; and we trust many a one will consult its pages.

THE

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THE LEGAL REGULATION OF THE MEDICAL PROFESSION.

The practice of medicine as a "business" has one peculiar feature, to which we may attribute the excessive sensitiveness as to the infringement of its rules, and the intensity of competition, passing often into animosity, proverbial among physicians. This peculiar feature is, that the amount of possible medical "business" in a given community is absolutely limited, and incapable of extension. Whether one or a dozen doctors settle in a village, the amount of sickness remains the same, except that the more skillful these rivals, actually the *less* is there for them to make a living from.

In no other avocation is this the case. By advertising and other arts of trade, a clothing merchant can largely increase the purchases of clothing in a locality; a lawyer can develop causes; a baker increase the consumption of baker's bread; but no one now, except in joke, accuses a doctor of either keeping his patients sick or opposing sanitary measures.

Hence, when a new comer settles in a town, he does not build up a practice *de novo*, but every case he gets certainly diminishes the revenues of his neighbors of the guild; a good enough reason, as the world goes, for that *bellum omnium contra omnes*, which, in many a community in this land, characterizes its resident physicians.

There is no help for this, other than an appointment of physicians to the population by administrative authority (a plan current in Europe, but offensive to the theories of our government); or else, a cultivation of a sentiment of honor, productive of strictly fair dealing, and a spirit of contentment with such limited success as this course of action may yield. The only hope of seeing the latter carried into effect rests on our ability to purge the community of ignorant pretenders to science, in whose minds such sentiments could gain no foothold.

The efforts in this direction, made by the various State legislatures the past few years, are all praiseworthy in their motives, but very few, if any of them, seem to hit the mark. The severe criticisms on the act passed by the Legislature of New York, by the Central New York Medical Society (See Reporter, January 2d, 1875), seem to show that it is not effective. The act passed last winter in New York has this winter undergone a series of amendments, which, as they will be instructive for similar legislation in other States, we shall make no apology for copying in full, from a copy of them furnished us by Dr. Baker, of Lansing. They are as follows:—

Section 1. Section one of the act entitled "An act to regulate the practice of medicine and surgery in the State of New York," passed May 11, 1874, is hereby amended so as to read as follows: Every person who shall hereafter practice medicine or surgery in this State, unless such person be authorized to practice by a license or diploma from some chartered school, medical society, or State Board of Medical Examiners of some of the United States,

shall obtain, and is hereby required and directed to obtain, a certificate from the Board of Censors of some one of the medical societies of this State, either of a county medical society of the county where such person shall at the time reside, or of a State medical society, or from the State Board of Medical Examiners, which shall certify that the Board of Censors of such society, or the State Board of Medical Examiners, have examined and do find the persons named in such certificate, and to whom the same shall be issued, qualified to practice all of the branches of the medical art mentioned therein, which certificate shall be tested by the signatures of the censors or examiners holding the examination, and the seal of such society. And the person to whom such certificate, license or diploma shall be granted, shall, before he shall practice medicine or surgery in this State, cause such certificate, license or diploma to be recorded in the office of the Clerk of each county in which such person shall from time to time reside. And the Clerks of the several counties of this State shall procure and keep suitable and proper book or books, in which they shall record such certificates tested as aforesaid, and such license or diploma, whenever presented to be recorded, upon the payment to them of the same fees as required to be paid for recording conveyances of real estate, and shall index, in alphabetical order, the name of the person to whom such certificate, license or diploma shall be granted, noting therein, opposite to the name indexed, the book and page where such certificate, license or diploma is recorded, the date of the instrument and of the recording of the same.

Section 2. Section two of said act is hereby amended so as to read as follows: The Board of Censors of the medical society of each county in this State shall cause a printed or written notice, signed by its chairman and secretary, to be served personally upon every person practicing medicine or surgery residing in the county in which such society is located, except those who have caused to be recorded in such county such a certificate, license or diploma as described in section one as amended, of the act hereby amended, directing attention to this act, and appointing in said notice a time and place not less than twenty days nor more than thirty days after the service of said notice as aforesaid, at which said Board of Censors will convene to examine such persons as shall present themselves to be examined for such certificate as aforesaid.

And in case the person upon whom such notice shall have been served, as aforesaid, shall not appear for examination before said Board of Censors at the time and place named in said notice for the convening of said Board, nor produce to said Board a certificate of the County Clerk of said county of the recording of such certificate, license or diploma, as aforesaid, such person shall thereafter be subject to all the provisions, liabilities and penalties prescribed by this act for any violation thereof.

Section 3. Section three of said act is hereby amended so as to read as follows: Section 3. It is hereby declared a misdemeanor for any person to practice medicine or surgery in this State, who shall not cause to be recorded in the county where he shall reside, such certificate, license, or diploma, as described in the foregoing sections of this act, either prior to, or within twenty days after the time named for the convening of said censors, in the notice prescribed in section 2, as amended, of the act hereby amended, or who shall practice under cover of the record of a certificate, license or diploma fraudulently or illegally obtained. And any person found guilty of such misdemeanors shall be punished for the first offense by a fine of not less than fifty dollars nor more than one hundred dollars, and for any subsequent offense by a fine of not less than one hundred dollars, nor more than five hundred dollars, or by imprisonment in the county jail, not less than thirty days, or by both such fine and imprisonment.

Section 4. It shall be the duty of the President of the society whose board of censors has caused to be served the notice required to be served as aforesaid, to cause information to be given to the district attorney of the county in which such society is located, of any violation of this act. And it shall be the duty of said district attorney to bring all cases of the violation of this act, of which he shall receive information, before the grand jury in such county, and to prosecute the same.

Section 5. All fines collected under the provisions of this act shall be paid over by the district attorney, the one-half thereof to the treasurer of the society causing the information of such violation to be given, and the other half thereof to the county treasurer of such county, for the benefit of the poor of such county.

Section 6. All acts and parts of acts inconsistent with the provisions of this act are hereby repealed.

With these various modifications we hope the Act will prove of decided utility in that State where its provisions are much needed.

Notes and Comments.

Hot Baths.

The following practical rules have been suggested by Prof. Lasegue:—

No hot bath ought to exceed twenty or thirty minutes in duration.

The initial temperature ought always to be lower than the final temperature.

The increase of temperature ought always to be gradual.

The maximal temperature is usually 103°, but 108° can be easily tolerated if the patient does not remain in this temperature longer than

eight or ten minutes, and that the unpleasant sensation produced by the vapor on the part of the body which is not immersed is avoided. On leaving the bath the patient goes to bed, and soon loses the sensation of unusual heat. Cold douches, which are so agreeable after hot air baths, are not well borne after hot baths.

Lasegue has found a prolonged course of hot baths very useful in chronic rheumatic arthritis. Under their influence the movements of the articulations have become less difficult and painful. A similar mode of treatment has been found useful in chronic abdominal complaints, such as protracted diarrhœa, and even in obstinate chronic bronchitis.

Temperature and Childbirth.

A physician writes to the *British Medical Journal*:—

Of the significance of a warm climate in affording its proverbial facility to childbirth, it may be sufficient to remark that the condition of body which there occurs naturally should, in a colder climate, be induced artificially; and the first thing which in general is instinctively done is to light a fire. Under the influence of a great and general activity of body, aided and sustained by an elevated surrounding temperature, labors, even in this country, are sometimes begun and ended with surprising rapidity. A person who was occupied in baking cakes, whilst standing before a large bread-oven, was suddenly taken with her first and only pain, and had barely time to kneel down in front of a chair before the child was born. This I regard as a typical case; and it is worthy of consideration whether precisely similar results might not, as a rule, be accomplished, were the mass of parturient women subjected to equally favorable conditions.

Stimulants in Pyæmia.

Mrs. Jane Grey Swisshelm has been giving reminiscences of her medical experience in the army, to the columns of the Chicago *Tribune*. She says:—

"When I went into the hospital service, in 1863, I was at once confronted with the gangrene, and called publicly for 'Lemons! Lemons! Lemons!' Soon pyæmia followed, and then I called for 'Whiskey! Whiskey!' Everything I asked for came in abundance; pyæmia treated externally with alcohol and water, friction and heat; internally with milk punch, eggs, rich broths, cherry wine, although I have had fifty struck by the premonitory chills in one night.

"Surgeons never interfered with my treatment except when I went to them for advice, and I became so confident of success that I used to say, 'If Death wants to get a man from me, he must send some other messenger than pyæmia, for I do not recognize that creation of unskilled surgeons and incompetent nurses.' Alcohol was the basis of my remedies, and 'we praised the bridge that carried us over.'"

News and Miscellany.

MEDICAL COLLEGE COMMENCEMENTS.

Medical Department of the University of Pennsylvania.

The annual commencement of the Medical Department of the University of Pennsylvania was held at the Academy of Music, March 12, in the presence of a large audience. At twelve o'clock, Professor Charles J. Stillé, provost of the University, accompanied by the Rev. Dr. Henry J. Morton, came upon the stage, followed by the Faculty and a number of invited guests, among whom were the Hon. Henry Carey, Wm. Welsh, Esq., Ex-Governor James Pollock, Professor Allen, President of Girard College, the Rev. Theodore M. Riley, the Rev. E. R. Beadle, Dr. Shippen, U. S. N., and Dr. Cornelius G. Comegys, of Cincinnati, Ohio.

These were followed by the Alumni Association and the graduates, who passed from the rear of the stage in procession, to the parquet, where they took seats. Music was furnished by Hassler's Orchestra. After prayer by Rev. H. J. Morton, D.D., the list of graduates was read by Prof. R. E. Rogers, and the degree of Doctor of Medicine was conferred, by Provost Charles J. Stillé on graduates from the following states:—

Pennsylvania, 64; New Jersey, 11; Delaware, 5; North Carolina, 4; New York, Tennessee, each 3; California, Maryland, each 2; Georgia, Connecticut, Texas, West Virginia, Prince Edward's Island, each 1. Total 100.

Professor Rogers then announced the award of prizes as follows: One prize of $100, offered by the Alumni Association, and one prize of $100, offered by Henry C. Lea, Esq., for the best essays on medical subjects, to Charles Winslow Dulles, of Pennsylvania, for an essay on Suprapubic Lithotomy, and to B. F. Lautenback, of Pennsylvania, for an essay on the Physiological Action of Hemlock and its Alkaloids. A gold medal, offered by the Demonstrator of Anatomy, Dr. H. Lenox Hodge, for the student who shall have during the year the greatest skill, care and diligence in the anatomical room, to A. W. Ransley, of Pennsylvania. A prize of $30,

offered also by the Demonstrator of Anatomy, for the best record of anomalies found in the anatomical rooms during the year, to Samuel B. Boyd, Jr., of Tennessee.

Honorable mention was made of the essays of William Baker, of West Virginia, on Nitrous Oxide; Cicero Brodhead, of Pennsylvania, on Antimony; George H. Coburn, of New Brunswick, on Leprosy; Ulrich W. Vollmer, of Pennsylvania, on Heat; Albert M. Curry, of Connecticut, on Inflammation as an Element of Phthisis; Henry M. Fisher, of Pennsylvania, on Auscultation; Jacob W. Horter, of Pennsylvania, on Cremation; Wm. M. Meigs, of Pennsylvania, on Abdominal Aneurism, and Jesse Y. Scott, of Pennsylvania, on Valvular Diseases of the Heart.

Professor R. E. Rogers then delivered the valedictory address.

The benediction was pronounced by the Rev. Henry F. Morton, D. D., and the audience dispersed.

The Jefferson Medical College.

The annual commencement of Jefferson Medical College was held at the Academy of Music, March 11, in the presence of a large audience. At twelve o'clock the graduating class, numbering 170 members, came on the stage in procession, headed by Dr. J. R. Burden, President of the Board of Trustees, the Rev. John Chambers, D. D., the Rev. Theodore M. Riley, a number of invited guests, and the members of the Faculty of the College.

The graduates took seats in the orchestra, and the Trustees of the College, Faculty and guests were seated on the stage. Music was furnished by the Germania Orchestra, George Batbert leader.

Prayer was offered by the Rev. John Chambers, D. D., and Dr. J. B. Biddle, Dean of the Faculty, announced the names of the graduates, and the Degree of Doctor of Medicine was conferred on the graduates. They came from the following States:—

Pennsylvania, 92; Ohio, 9; New Jersey, 7; New York, 6; Tennessee, 6; Maryland, Kentucky, South Carolina, Iowa, each 4; Delaware, Missouri, Mississippi, Texas, each 3; California, Illinois, West Virginia, New Brunswick, India, Minnesota, each 2; North Carolina, Florida, Maine, Wisconsin, District of Columbia, Georgia, Kansas, Virginia, Nevada, England, each 1.

Dr. Burden then announced that the College had conferred the degree of Doctor of Law on Judge Craig Biddle, of this city.

The following prizes were then awarded:—

1. A prize of $100, by H. C. Lea, Esq., for the best Thesis, to Reinard S. Keeler, of Pennsylvania, with honorable mention of the Theses of Harry R. O'Connor, of Pennsylvania; D. Leonard Pratt, of Pennsylvania; J. L. Gaskins, of Florida; and T. Benton Hill, of Pennsylvania.

2. The Toner Medal, by J. M. Toner, M.D., of Washington, D. C., for the best Thesis based on original experiments, observations and researches, to Charles M. Thompson, of England.

3 A prize of $50, by the Professor of Surgery, for the best Report of his Surgical Clinic, to Dixon C. Allen, of New Brunswick.

4. A prize of $50, by the Professor of Obstetrics, for the best paper on the Descriptive and Relative Anatomy of the Gravid Uterus, to Thompson E Potter, of Missouri, with honorable mention of the papers of Joseph F. Robinson, of Missouri, and A. F. Balmer, of Pennsylvania.

5. A prize of $50, by the Professor of Practice, for the best report of Clinical Cases, to Daniel M. Appel, of Pennsylvania, with honorable mention of an essay by Eugene A. Ward, of Missouri.

6. A prize of $50, by the Professor of Anatomy, for the best Anatomical Preparation, contributed to the museum, to Daniel M. Appel, of Pennsylvania.

7. A prize of a Pocket Operating Case; of the value of $25, by the Demonstrator of Anatomy, for the best dissection in the anatomical room, to J. W. Pope, of Pennsylvania.

Dr. J. M. Toner, of Washington, in presenting the Toner medal to Mr. Thompson, said:—

Mr. President, Faculty and Trustees of the Jefferson Medical College, and Graduates of the class of 1875:

Gentlemen:—I assume the premises that as medical practitioners, we can argue and deduce correct conclusions only from facts that we know; the possession and extent of definite knowledge, with the skill and facility with which individuals use these great powers, is what distinguishes one physician from another, and determines their success.

After an active practice in my profession for a quarter of a century, and with an extensive acquaintance among the physicians of our country, I am convinced that the essential elements of character, and the acquirements that lead to success and the attainment of an elevated rank in the medical profession, are good moral principles, an earnest desire for accurate knowledge, an unswerving devotion to professional duty, and habits of careful study, with a systematic method of exact and recorded observations from which to make deductions.

Having these convictions, and being particularly desirous to encourage among the students of this College the development of such habits of thought that crave for knowledge, conditions of mind deemed essential to the good and successful physician, the medal just announced was offered. Its purpose is not only designed to awaken a taste for more extended inquiries and studies, but also to awaken the conviction among the enlightened and enterprising students that they too can do something to extend the boundaries of Medical Knowledge, by making original experiments, investigations and researches.

The young man who has acquired the sound basis of a medical education is preëminently

qualified to make original investigations. I know that this class of studies implies additional labor, but, gentlemen, there is nothing in this world worth having that can be had without labor. Indeed, drudgery is a better word, and expresses the facts and conditions more correctly, by which eminence, or even respectable standing, in any profession or department of human pursuit is attained. If this statement is erroneous, I call upon those who have attained to eminence to correct me.

The award which the faculty of the Jefferson Medical College have made of the "Toner Medal," for the year 1875, meets my entire approbation.

In handing this medal to you, Dr. Thompson, to whom it has been adjudged, I do so with feelings of great satisfaction, and with the hope that this successful effort of yours but presages the more important contributions to medical literature you will make, and the honors you will win in the profession of your choice. I wish you every success.

In making the presentations to the other graduates, Prof. E. Wallace, Dr. J. M. Da Costa, Dr. W. H. Pancoast and Dr. T. H. Andrews respectively made a few remarks, congratulating those who had won prizes, and urging them to still greater efforts in their new career.

Dr. W. B. Atkinson then presented to the College, on behalf of the Alumni Association, a portrait of Prof. Samuel D. Gross. In making the presentation, Dr. Atkinson recited the more important events of Dr. Gross' career, and paid a high tribute to his personal and professional qualities. The speaker concluded by saying that the Alumni Association looked forward ardently to the ultimate extension of the College buildings and of its educational facilities.

In receiving the portrait on behalf of the Trustees of the College, Dr. Burden made a few remarks highly laudatory of Prof Gross. The valedictory address was then delivered by Prof. Gross. After dwelling upon the difficulties of the medical profession, and the incentives which exist at the present day for greater activity of professional life, the speaker said that the profession is literally swarming with great men. In this country alone there are upwards of fifty medical schools, and a still greater number of medical periodicals. The number of medical teachers is legion, and American practitioners rank among the foremost in the world. The profession is no longer dependent, as it was in former days, upon foreign light. The medical literature of the country is also advancing with giant strides, and is attracting universal attention in Europe. The speaker dwelt upon the special obligations which are laid upon physicians, among which he specially mentioned the necessity of being kind to the poor, and of paying particular attention to the whims and caprices of patients. There were also, he said, two things which are especially to be avoided in the sick room, levity and seriousness. A cheerful demeanor is always proper, even when there is danger in prospect or actually existing, because it inspires confidence, and thus acts favorably upon the system.

The speaker continued and concluded as follows: "As the sinner works out his salvation with fear and trembling, so it is your business, my young friends, to be constant and firm in the fulfillment of your duties, never counting the cost, never indulging in vain regrets, and always hopeful, always pressing onward. If you do this, if you be faithful to yourselves and to your profession, the world will respect you for your consistency, while your consciences, guided by the light of reason and of science, will approve your acts, and attest the glory and majesty of your manhood reflected in the image of its Maker."

The benediction was then pronounced by Rev. Theodore M. Riley, and the audience dispersed.

The Woman's Medical College.

The twenty-third annual commencement of the Woman's Medical College of Pennsylvania took place March 11th, at Horticultural Hall, in this city.

At 12 o'clock, the corporators, faculty, and students of the College entered the hall and took seats reserved for them. Prayer was then offered by Rev. L. P. Hornberger, after which Henry Hartshorne, M. D., made an address.

Degrees were then conferred by T. Morris Perot, Esq., President of the Board of Corporators, on the following graduates: Susan R. Cooper, Mary T. Davis, A. M.; Clara Marshall and Emma K. Ogden, of Pennsylvania; Charlotte Whitehead Ross, Caroline A. Stevens and Jenny K. Govanlock Trout, of Canada; Mary A. D. Jones and Emily A. Tefft, of New York; Lizzie W. Needham and Ermina H. Pollard, of Rhode Island; Harriet A. Bottsford and Arminta V. Scott, A. M., of Iowa; Emily S. Brooke, of Nebraska; Mary Sheppard Danforth, of New Hampshire, and Lucilla H. Green, of New Jersey.

Prof. Mary J. Scarlett Dixon, M.D., then delivered the valedictory address, in which she said that a quarter of a century had just elapsed since the charter of the College by the Legislature of Pennsylvania, and that the institution has grown into fair proportions, and scattered its graduates around the world. She then adverted to the movement for the medical education of women, and said that "through progressive development came the demand for women physicians. Philadelphia responded. Boston soon followed, then New York, and, finally, Chicago, in establishing colleges for the medical education of women, while facilities for obtaining the desired knowledge were afforded in other sections of our own country, as well as in Paris, Edinburgh, London, Vienna, St. Petersburg, and especially in Zurich, that scientific city of the noble little Republic of Switzerland, each advancing as far as its form of government and state of people would permit Republican

Institutions, fostering in this, as in politics and religion, the largest liberty."

She then gave a sketch of the history of the enterprise, spoke of the new building of the Woman's Medical College, on North College avenue, which has just been completed, and referred to the donations made to the College by Isaac Barton, Dr. Dodd and Isaiah V. Williamson.

The audience were dismissed with benediction.

An orchestra was present, and played a number of selections.

ALUMNI ASSOCIATIONS.

Jefferson Medical College.

On March 10th, "the annual meeting of the Alumni Association of the Jefferson Medical College" was held.

Dr. N. L. Hatfield presided, and Dr. T. H. Andrews acted as secretary.

Dr. Addinell Hewson presented the annual report of the Executive Committee. He states that a portrait of Professor S. D. Gross has been procured by a sub-committee, of which Dr. T. H. Andrews was chairman, and will be presented to the College by Dr. W. B. Atkinson, acting in behalf of the Alumni.

The sub-committee on the building fund has been actively engaged during the year, and since the last annual report has secured subscriptions to the amount of $76,000, making the total subscriptions $224,000.

A circular setting forth the objects of the Alumni Association has been printed, and 30,000 copies have been distributed. There has resulted from the distribution of these circulars a large accession of members to the society over previous years. The report was adopted.

A large number of new members were elected, and the following committee on nominations was appointed: Drs. W. L. Knight, A. C. Bournonville, James Graham, and F. H. Getchell.

Drs. Addinell Hewson and F. H. Gross were appointed auditors to examine the Treasurer's accounts.

Dr. F. M. Foltz offered the following:—

WHEREAS, The question of the removal of the Jefferson Medical College to the northern or western part of the city of Philadelphia, has been mooted for some time, and we, the Alumni of the College, with pleasure and pride, witness its great prosperity and success, and feeling the warmest interest in the future, be it:

Resolved, That we respectfully recommend to the Board of Trustees that the College remain in or near its present convenient and central location, where it is alike accessible to students and faculty, and that, if necessary, the lecture rooms be enlarged and additional accommodations be provided for medical and surgical clinics. Referred to the Executive Committee.

The Committee on Nominations recommended the following officers:—

President, Professor Samuel D. Gross, Dr. Hatfield having declined re-election; Vice Presidents, Drs. W. L. Atlee, Elwood Wilson, Addinell Hewson, T M. Foltz; Treasurer, Professor B. H. Rand; Recording Secretary, Dr. T. H. Andrews; Corresponding Secretary, Dr. R. J. Dunglison. Executive Committee—Drs. E. Wallace, W. H. Pancoast, W. B. Atkinson, J. H. Brinton, R. M. Girvin, R. M. Townsend, J. M. Barton, H. Engel, J. M. DaCosta, R. J. Levis, W. Thomson, W. W. Keen, N. Hatfield, O. H. Allis, O. P. Rex. S. W. Gross, J. A. Meigs, A. C. Bournonville, F. F. Maury, W. L. Knight, W. H. Warder, J. C. Norris, W. W. Houseman, G. W. Johnson.

These gentlemen were unanimously elected, and the meeting adjourned.

In the evening, the retiring President, Dr. Nathan L. Hatfield, delivered the annual address, before a considerable audience: in the lecture room of the College. He began by speaking of the formation and progress of the Alumni Association, and congratulated them on the fact that the first President of the Alumni (Dr. S. D. Gross) was still with them, "in the exuberance of a rich experience and the vigor of a youth renewed."

After paying a high tribute to Professor Gross' professional and personal qualities, the speaker went on to say that the college was now pressing closely upon the end of the fiftieth year of its history, and that during the half century more than six thousand students had gone out from its halls into active practice as physicians and surgeons.

After speaking of the great difficulties and severe requirements of the profession of medicine, and the necessity of thorough training preparatory to entering it, the speaker said that a still more important work, which seems to be at the door of the Alumni Association, is the establishment of a hospital. Didactic instruction, though valuable in itself, is not enough. The physician must be trained by actual service in the sick room and the hospital. A well appointed hospital is the best training school possible, and the establishment of such an institution is the grand desideratum of the college. Its erection and endowment is a comparatively easy thing to accomplish, if the Alumni Association will but adopt the purpose, and proceed at once to put it into execution. After speaking in warm terms of the hospital of the University of Pennsylvania, the speaker expressed the belief that there were still wanting hospital accommodations in this city, and that, with such means and appliances, the faculty of Jefferson College would be enabled to maintain the front rank.

After dwelling on the dignity of the profession in olden as well as modern times, and the necessity for natural adaptation to it in the student, the speaker concluded by defining a number of the requisites for a good physician, the principal being skill, sympathy with the patient, truthfulness, honor, and a deep sense of responsibility.

Among the gentlemen present in the audi ence was Dr. Nathan R. Smith, of Baltimore, the only member of the original faculty of Jefferson College now living.

University of Pennsylvania.

The annual meeting of the Alumni Association of the Medical Department of the University of Pennsylvania was held at the University March 11th.

Dr. Joseph Carson presided, and welcomed the members in a brief address, in which he spoke of the difficulties through which the college had passed, and of its present prosperity.

Dr. E. Hartshorne presented the fifth annual report of the Executive Committee. After speaking in complimentary terms of the theses of the graduates of the past and present year, and of the improvements undertaken by the authorities of the college, it goes on to urge the advancement of the grade of the institution so long desired and anticipated. It also states that the library of the Medical Department has been increased by the addition of the library of Dr. Stillé, numbering 3000 volumes, and acknowledges the receipt from Isaiah V. William son, Esq., of property valued at $100,000. The fund of the Medical Department now amounts to $500,000, and the Alumni Ward Fund amounts to $10,000. After speaking of the death of Dr. Richard M. Cooper (the first member of the Alumni Association who has died since its organization), and of Dr. George W. Norris, one of the Trustees of the School and the Professor of Clinical Surgery, to whose memory a high tribute is paid in a series of resolutions, the report concluded by proposing a plan for the establishment of local alumni associations throughout the country. The report was adopted.

An amendment to the constitution providing for the establishment of local societies in those towns throughout the country where graduates of the Institution reside, was adopted.

The tellers reported that the following officers had been elected for the ensuing year:—President, Dr. George B. Wood; Vice Presidents, Drs. Jos. Carson, Isaac Hays, Meredith Clymer, John L. Atlee; Corresponding Secretary, Dr. R. A. Cleemann; Recording Secretary, Dr. Horace Y. Evans; Treasurer, Dr. E. Rogers; Executive Committee, Drs. Hiram Corson, W. S. W. Ruschenberger, Edward Hartshorne, Wm. Hunt, Andrew Nebinger, John H. Packard, H. Lenox Hodge, James H. Hutchinson, James Tyson, William Pepper, S. S. Stryker, Wm. F. Norris, Thos. J. Yarrow, J. B. Howard Gittings, De Forrest Willard, Charles D. Nancrede, Louis Starr, C. K. J. Miller, Frank Hand, William M. Meigs; orator, Dr. Meredith Clymer.

Dr. Cornelius G. Comegys then delivered the annual address, closing with a few remarks on the necessity of having the medical profession fitly represented at the Centennial, and laudatory of Philadelphia.

After the address, the audience repaired to an adjoining room, where a collation was served, at which the following toasts were offered: "The day we celebrate," Dr. Alfred Stillé; "Our Alma Mater," Rev. Dr. E. R. Beadle; "The Faculty of Medicine," Dr. R. A. F. Penrose; "The Class of 1875," C. H. Voight; "The Orator of the Day," Dr. C. G. Comegys; "The University Hospital," Dr. Wm. Goodell.

Philadelphia County Medical Society.

The next conversational meeting will be held Wednesday, March 24th, at 8 P. M., at the Hall of the College of Physicians.

Dr. Joseph Leidy will lecture on the "Anatomy of the Ear." The medical profession in the city are cordially invited.

OBITUARY.

DR. GEORGE W. NORRIS.

At a special meeting of the College of Physicians, of Philadelphia, held Saturday, March 6th, 1875, the following resolutions were unanimously adopted:

Resolved, That the Fellows of the College of Physicians have, with sincere sorrow and unusual emotion, heard of the death of Dr. George W. Norris, the Vice-President of the College, which occurred on March 4th, after a long and painful illness.

Resolved, That, while submitting with reverence to the decree of Providence depriving them of one of their most esteemed associates, they cherish the consolation that regret for the loss sustained in his decease is accompanied by imperishable recollections of his personal worth.

Resolved That the Fellows of the College have been deeply impressed by the courteous and gentle bearing of their late Vice-President, by his honorable conduct and high tone in his relations with his associates, by his studious avoidance of everything incompatible with the dignity of the profession of medicine, and by his entire freedom from all invidious personal assertion, while fully appreciative of the obligations of duty.

Resolved, That they regard his life and professional career as models worthy of imitation, and as eminently illustrative of the principles which have animated the conduct of the great and the good men of our profession.

Resolved, That his memory will be ever venerated for his whole-souled devotion to the interests of the profession, for his faithful maintenance of them, and for his life-long endeavor to promote the advancement and efficiency of that profession by his personal contributions.

Resolved, That the Secretary be instructed to transmit a copy of these resolutions to the family of Dr. Norris, and that they be published in the medical periodicals of this city.

JOHN H. PACKARD,
Secretary.

MARRIAGES.

DANTZLER—SHINGLER.—On Tuesday, March 2d, 1875, by the Rev. Mr. Hutto, at the residence of the bride's father, Dr. Manly J. D. Dantzler, of Orangeburg Co., and Miss Dora E. Shingler, daughter of Capt. George W. Shingler, of Charleston Co., South Carolina.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Lecture.

THE MICROSCOPIC APPEARANCES OF DEGENERATE NERVE TISSUE.

Read before the New York Library and Journal Association, March 5th, 1875,

BY ALLEN M'LANE HAMILTON, M. D.,

(Late Physician in charge of the New York State Hospital for Diseases of the Nervous System. Lecturer upon Nervous Diseases at the Long Island College Hospital).

I propose this evening to show you, by means of the oxy-hydrogen lantern, some illustrations of changes that may take place in the nerve centres. These pictures will be of interest, I am sure, as they portray departures from the normal condition of the brain and spinal cord with great accuracy. To understand more perfectly the morbid changes, we must first consider the healthy condition of the nervous substance, and study its normal appearance. We are taught by histologists that nervous matter consists of nerve cells, nerve tubes, and connective tissue, the latter named by Virchow, Neuroglia (*νευρονα nerve*; *γλια glue*). These, with blood vessels, make up the bulk of nervous matter. The nerve cells are the most important factors of the nervous system, as they are the reservoirs of nerve force. Some writers, among them Duchenne, insist that there are three different sets of cells, presiding individually over motion, sensation and nutrition, the last known as the trophic, and that these cells have recognized differences. We are not prepared to accept this theory as a fact, for the microscope has failed to reveal any difference in form. We know, however, that those parts of the nervous system wherein the greatest number of nerve cells exist, are those in which sensation resides, and that the material functions are connected with white matter. Pathological changes in these parts are associated with alterations of their respective properties, and, for instance, in neuroses of a painful nature, it will be found that the gray matter has been the seat of a lesion. In insanity, where the higher senses are affected, lesion will be found in the cortex cerebri.

The common changes in nervous tissue are usually seen in cell formation, which may be exhibited either in the destruction of the protoplasm, proliferation of cells, changes in the nuclei, either of the nerve cells or the neuroglia cells, the presence of amyloid corpuscles, or fat globules, or by destruction of nerve tubes. The nerve tubes may be broken up and their characters entirely changed. The axis cylinder may be surrounded by oil globules, or the myeline may be increased in amount. In certain convulsive diseases, the nuclei of nerve cells may be increased, and the contents may be changed, so that the cell may be granular. Changes in the connective tissue are common. There may be a hypertrophy of this substance to such an extent as to greatly diminish the other elements. The cells of the neuroglia may be increased to a great number; usually with this condition there is an excessive formation of amylaceous bodies.

Changes in the blood vessels are recognized either by the destruction of the coats, or by the exudation of hæmatoidin crystals, or the exudation of granular matter beneath the sheath.

Bouchard and Charcot have demonstrated the existence of small aneurisms of minute size, which have been called miliary aneurisms. These are usually the precursors of cerebral hemorrhages. Deposits of adventitious substances are associated with many forms of organic disease. There may be colloid degeneration, when particles of a jelly-like substance will be found scattered over the field. This appearance to the naked eye has been compared, very happily, to that seen when a cut is made through a tapioca pudding; the swollen grains of tapioca resemble these colloid bodies very closely. This degeneration has been witnessed very often, of late, in tetanus. There are a large number of exudations that as yet have not been fully studied. These may occur from the membranes of the cord or brain. We may have syphilitic changes. We may have plasma thrown out from the small vessels in congestive diseases, but these are all easily seen with the microscope. I shall allude more particularly to the degenerations that may account for a large number of interesting symptoms, and illustrate several conditions closely related to each other; in fact, they usually are mutually dependent. These are myelitis, softening, sclerosis, gray degenerations, and colloid degenerations.

Myelitis.—Inflammation of the cord, first attacks the neuroglia, and if continued, disintegration or degeneration is the result. The termination is usually by the latter, but if very acute there may be disintegration of the nervous substance. We very rarely see the appearance of pus; in fact, so rarely as to call for denial from many writers.

Beneath the microscope a specimen of nervous matter from a patient who has died of myelitis will present unmistakable appearances. The character of the nerve tubes is greatly changed; they will be swollen, varicose, and broken. The axis cylinder is often surrounded by oil globules, and the nervous tissue, both the active element and connective tissue, are broken up and disorganized. The blood vessels, however, may retain their form. Should myelitis be followed by degeneration, we shall witness the characteristic evidences of sclerosis, viz., proliferation of the neuroglia cells, with increase of the neuroglia or connective tissue, and a shrunken condition.

The gray matter of the cord is attacked the most often, on account, probably, of the richness of the blood supply.

Softening of the nervous substance is generally a result of insufficient blood supply, just as may be softening of any other tissue.

I will not allude to its various causes, except to mention the most important ones. These are embolism, thrombi, infiltration of serum from pressure, etc. I have spoken of inflammatory conditions, and their termination in induration and fatty degeneration of the nervous substance, and it is hardly necessary to allude to them. Beneath the microscope we will find the nerve tubes broken up and gone. There is a conglomerate of cells which have been called by Glugé, "Compound Inflammation Globules," and supposed to be the products of inflammation. Inflammatory processes are, however, not thought to play as important a part in the production of softening as they were formerly supposed to, but I think pathologists consider mal-nutrition and mechanical injury the most common causes of the disease.

Glugé's globules rarely occur in recent softening, and this rather excludes their being the products of acute processes. Dr. Russel Reynolds and others have found them associated with atrophic and secondary degenerations of nervous matter.

The color and swelling of softened patches may be due to the exudation of serum and the escape of the hematine.

When the disease is due to obstruction of blood vessels, we may see the evils of atheroma, miliary aneurisms, small emboli, etc.

The common seats of softening in the brain are in the convolutions. Rostan thinks the corpus striatum and optic thalamus to be most frequently affected. Emboli are found to occur most frequently on the left side.

White softening, according to Charcot, is the form of old age. Yellow softening is undoubtedly the sequence of red, and is simply a change in the coloring substances thrown out. Red softening is due most frequently to embolism and mechanical injury. The seat is commonly the gray matter, and here its color is very marked.

The granular appearance is almost always constant under the microscope, and fat globules are apparent. These fat globules take the place of myeline in the nerve tubes, in some cases. Virchow and Russel Reynolds suppose they are produced by degeneration of the neuroglia cells.

In old cases of chronic convulsive diseases, such as epilepsy, there will often be found cavities or lacunæ in the nervous substance, which indicates the presence of softening and removal of tissue.

Atrophy results from pressure made by the increase of neuroglia. It is not necessarily a result of inflammation, but may be associated with sclerosis; as is the rule, there is usually a vascular change.

The cord, if it be the part atrophied, is shrunken and hard, and quite fibrous. I have now in my possession a specimen of cord from a tetanic subject. It is reduced to less than half its normal size, and this was its appearance before it was put into alcohol for microscopic preparation. The blood vessels are very much reduced in size, and the color of the normal specimen is pale.

The study of sclerosis has attracted universal attention during late years, more particularly in France; but one of the worst features of such study has been the confusion of terms in the nomenclature. I think we may condense the different views into a small space, and consider two varieties. 1. That consisting in proliferation of neuroglia cells and increase in connective tissue; this is the common form. 2. Miliary sclerosis, where the growth is simply confined to the neuroglia cell itself; enlargement of the nucleus and an exudation of plasma, which is thrown out from the cell, thus displacing the nerve fibres. The appearance of a section of nervous tissue in this condition is that of a large number of small beads imbedded in a fibrous stroma. This appearance must be differentiated from colloid degeneration; for in the latter the bodies are larger and the edges are well defined. In the pathological significance of these two forms of sclerosis, we may allude to the disseminated and localized, and cast aside the terms cerebro-spinal, cerebral-spinal, lateral, etc., only so far as localization of symptoms are concerned. A sclerosed patch in the posterior columns will give us the disease familiarly known as locomotor ataxia, or tabes dorsalis. In the brain or other parts of the cord, it may give rise to the production of symptoms dependent upon alteration of the functions of the particular part attacked, or coexistent trouble of some organ dependent upon integrity of the affected centre for its innervation.

Miliary sclerosis is a common lesion in general paralysis of the insane. Tuke calls particular attention to this point.

A condition known as gray degeneration has been described by many writers, but it is very apt to be confused with sclerosis proper. We may consider it a lesser degree of sclerosis, not attended by inflammatory changes. The condition, in its microscopical character, presents numerous fatty granulations, some nuclei of connective tissue cells, amyloid bodies, etc. The disease is essentially a chronic one, and depends more upon long continued irritation, such, for instance, as a perverted blood supply, than upon inflammatory processes.

There is a marked destruction of nerve tubes, and, as Fox says, a greater number of amyloid bodies than are usually found in sclerosis. I suppose this is because the connective tissue formation is not so rapid. With this central condition there is generally atrophy of peripheral muscles. It is of the utmost importance to know where to look for lesions, and here our knowledge of anatomy and physiology must be clear. In motorial neuroses we must examine the anterior columns, particularly if there be peripheral muscular atrophy, while in sensory diseases the posterior columns are to be examined. In spinal diseases we must be guided, to a great extent, by the physiological experiments of others. Brown-Sequard stands prominently forward as our greatest living teacher, and much may be gained from his writings. He found that the gray substance of the cord is an important conductor of both kinds of impressions. A cut made across one lateral half of the gray substance of the cord is followed by paralysis, without any loss of sensation on the same side of the cut, and the reverse on the other side. A vertical section between the two lateral halves, is followed by anæsthesia on both sides, without any paralysis. Certain changes in temperature are also the result from section of certain vaso-motor fibres. These experiments are valuable, for with certain forms of paralysis we may expect to find physio-pathological changes. Lesions of the cord, of course, produce disturbances below that part, but may also produce trouble higher up. For instance, marked defects of vision are connected with many spinal diseases. Again, the lesion in the brain will give rise to general symptoms, but always on the opposite side, except in parts where there is bilateral action, such as the medulla, or just behind the pons.

Convulsive diseases commonly have lesions in the upper part of the cord, the medulla and brain. Diseases in which coma and convulsions are exhibited, have lesions at the base, in the neighborhood of the large ganglia.

With amnesic aphasia the lesion will be found always on the left side, and at the region of the island of Reil, at the bottom of the fissure of Sylvius. Defective vision, if it be dependent on organic nervous trouble, usually has a lesion near the tubercular quadrigemina and optic thalami, or, as I have before stated, it may be due to spinal disease. "Choked disk," a condition of the optic disk lately alluded to very often, is associated in nearly every instance with cerebral tumor. The impairments of intellect and the various forms of insanity are connected with lesions of the cortex cerebri, and anterior parts of the brain.

Lesions of the medulla will account for some forms of dysphagia, difficult articulation, progressive double facial paralysis, various pulmonary neuroses, etc.

Want of co-ordination is produced by changes in the posterior columns of the cord, or in the cerebellum. The lesion here will probably be found to be sclerosis.

The above facts are only a few important ones, to guide the pathologist. The study of the morbid anatomy of diseased nerve centres covers a very wide field, and is of the greatest interest and importance to the practitioner in gaining a knowledge of diagnosis and treatment.

Communications.

Investigation of the Gastric Juice.

(*From Comptes Rendus de l'Académie des Sciences.*)

Translated for the Medical and Surgical Reporter,

by John B. Roberts, M. D.,

Of Philadelphia.

As the examination of the contents of Heidenblut's stomach has again brought to our notice the subject of the acidity of the gastric juice, an abstract of the experiments of M. Rabuteau in the laboratory of M. Ch. Robin, at Paris, may not be uninteresting.

The experiments were divided into two series: the first demonstrating that hydrochloric acid exists in the normal gastric juice; the second that lactic acid does not exist there.

1. Dogs, after a fast of twenty-four hours, were made to swallow some tendons, and, three quarters of an hour subsequently, were killed by section of the medulla oblongata; the stomachs were then removed, after ligation of the cardia and the pylorus, and the gastric juice obtained. This liquid was immediately filtered, and pure quinia, recently precipitated from the bisulphate, well washed and dried, was added. The quinia dissolved easily, and in a relatively large quantity, in the fifteen to thirty grammes of juice obtained as described above (the quantity of juice varying in the different experiments), and by this manipulation there was formed a salt of quinia, which was then isolated and its character determined. The gastric juice, saturated with quinia, was filtered, evaporated to dryness in a wet bath, and in vacuo, and the perfectly dry residue treated so as to separate the quinia salt which had been formed, and not to remove the chlorides that are normally found in the gastric juice.

The procedure ordinarily used, was to treat this residue with amylic alcohol, to evaporate the alcoholic solution, and finally, to treat the new residue by pure chloroform or benzine; these substances dissolving the hydrochlorate, lactate, and several other salts of quinia, but not the chlorides, which the amylic alcohol may partially separate. Instead of amylic alcohol, absolute ethylic alcohol may be employed. By these methods a salt is finally obtained, that consists only of hydrochlorate of quinia, which is easily recognized by its chemical reactions, and its crystalline form, as seen under the microscope. On testing for the amount of chlorine, it was found to correspond (the mean of three experiments being taken), to 2.5 parts of hydrochloric acid in 1000 parts of gastric juice, which is very near the resultant (3 in 1000) of Schmidt, deduced from nine experiments made by a different method.

2. In order to meet the objection that the hydrochloric acid might have been produced by reaction of the chloride of sodium and a certain quantity of lactic acid which has been supposed to exist unaltered in the gastric juice, M. Rabuteau instituted a second series of experiments calculated to isolate, with certainty, in his opinion, any traces of lactic acid in an organic liquid.

Gastric juice was saturated with soda, filtered, and evaporated to dryness, the residue treated with absolute alcohol, and this alcoholic solution

itself evaporated. The remainder was then dissolved in a little water, sulphuric acid extensively added, and the solution agitated with ether three or four different times. The ethereal solutions, when separated from the subjacent liquid, left, after evaporation, no trace of a syrupy liquid such as lactic acid, which is very soluble in ether. The experimenter, however, put into the capsules a little milk of lime, and after twenty-four hours filtered, passed a current of carbonic acid into the solution, to separate the excess of lime, filtered again, and evaporated to dryness. Then with the microscope he looked for crystals of lactate of lime, but could find no indication of such crystallization. The same result followed when phosphoric acid was employed in place of sulphuric acid. This method was proved to be a just one by adding only five centigrammes of lactic acid to forty grammes of gastric juice, when he was able to obtain very distinct crystals of lactate of lime.

These experiments, M. Rabuteau states, confirm, therefore, the results of Braconnot, Prout, Lassaigne, and Schmidt;—that the normal gastric juice owes its acidity to hydrochloric and not to lactic acid.

CASE OF SEVERE INJURY AT THE SHOULDER.

BY S. B. CHASE, M.D.,
Of Osage, Iowa.

The article on Torsion, in a recent number of your Journal, recalled to mind the following case, in which I feel sure it could not have succeeded.

On the 25th of October, 1873, Mr. W. H. Cole, an American, about 37 years of age, getting his right arm caught in the power of a threshing machine, had it torn off at the shoulder. Parties at hand grasped the bleeding vessels and held them firmly until a messenger could come four miles, and Dr. Moore and myself return.

The bone was crushed, and severed about an inch from the joint; and while enough of the deltoid portion remained to form a flap, the entire axillary region was torn away, dragging into view the arteria innominata and common carotid, and severing the subclavian at its middle portion, close to the thyroid axis.

The mangled condition of the wound, and the laceration of the remaining portion of the artery, rendered any hope to life desperate; yet we at once applied a large ligature about the torn artery, between the vertebral and arteria innominata, which the frightful rending enabled us easily to do.

Finding the clavicle badly broken, we sawed the humerus at its neck, rather than open the joint, hoping to get a firmer shoulder. The patient lost but little blood during the operation; as soon as reaction was established he was removed to his home, some miles distant, and placed under full doses of morph. sulph. and antim. et tart. potass., and the injured portion kept as nearly normal as possible with ice water, in which was tinct. arnica and myrrh.

For many days, in defiance of all the sedatives and antiphlogistics the sufferer could bear, the violent arterial throbbing rendered the obliteration of the artery doubtful, if its disruption not sure; yet a better hope awaited us. Suppuration was slight for such an injury, although the ligature did not come off until the twenty-eighth day. From that time the patient passed rapidly to convalescence, more than realizing the ardent hope of the most sanguine.

MEDICAL SOCIETIES.

NEW YORK PATHOLOGICAL SOCIETY, STATED MEETING, January 27, 1875.

Dr. Delafield, President, in the Chair.

Polypus of the Uterus.

Dr. Finnell presented a specimen of polypus of the uterus, which was removed from a woman aged thirty-five years, unmarried. She suffered from repeated attacks of menorrhagia at irregular intervals; after a certain period, metro-peritonitis developed, and she died of septicæmia. The polypus was attached to the fundus of the uterus. The doctor only made the autopsy, and remarked that the patient might have been saved by dilating the os uteri, by means of sponge tents, had the diagnosis been made. He said, in answer to the President, that the tumor was fibrous, and added, that he had removed several of them at St. Vincent's Hospital, by first dilating the os, and gouging out the tumor with ordinary throat forceps.

Suppurative Nephritis and Gummy Tumor.

The President presented a specimen, showing an unusual condition of the kidneys, called "suppurative nephritis." A man, aged forty-five years, entered Roosevelt Hospital on the 3d of last January. Had syphilis twelve years ago, which was followed by a secondary eruption; nothing unusual occurred up to the 28th of last December, when he observed that he could make but a small stream of water. This

condition gradually increased until his admission into the hospital, when complete retention of urine existed; this was relieved by aspiration. On passing a sound no stricture of the urethra was detected. His condition became more critical, and paraplegia became manifested; there was with it incontinence of the urine and fæces; his temperature ran up, and he died, comatose, on January 18th. His urine was examined and found to be alkaline, containing pus and blood globules. Shortly before death it was exceedingly bloody.

Autopsy.—The autopsy revealed a gummy tumor situated in the lower dorsal region, and adherent to the layers of the dura and pia mater, and pressing upon the cord. The bladder showed well-marked cystitis. On section, both kidneys contained blood and pus, while their surfaces were the seat of a number of small points or foci, which contained pus. The microscope showed an infiltration of pus between the tubuli, and a breaking down of some of them.

The President stated, in connection with this case, that cystitis occurs in cases of paraplegia, and pyelitis was apt to follow.

Medullary Cancer of Mesentery.

Dr. Finnell related a case of immense abdominal enlargement, with the following history:—

A boy, five years old, whose parents gave no hereditary history of cancer, was the subject of a large abdominal tumor; while at play he died suddenly.

The autopsy showed that death had taken place from internal hemorrhage, caused by the rupture of a large vessel, which, owing to the condition of the contiguous parts it was impossible to find out its relation. The mesentery was immensely enlarged and nodulated, matting the intestines together, and forming one mass, of a cerebriform or gelatinous consistency. The internal veins were dilated, simulating varicose veins of the leg.

The President said that it was very common, in soft cancers, to find dilatation of the veins. Dr. Finnell remarked that the cancer was of the colloid variety, and thought it was a very unusual case, as no hereditary taint existed.

Catarrhal Pneumonia.

Dr. Heitzman presented a case of catarrhal pneumonia, and described the pathological changes that take place in that disease. The doctor, in reply to a question from the President as to whether, in his experience, the cheesy degeneration extended to the vesicular parietes, answered in the affirmative? but replied in the negative, when asked if the exudation was fibrinous, did cheesy degeneration then occur. The President then remarked that he had found that this cheesy degeneration did take place in children and unhealthy adults when the exudation was fibrinous.

Fungoid Protrusions of the Mucous Membrane of the Large Intestine—Calculi of Kidney—Acute Phthisis

Dr. Finnell next introduced to the society Dr. J. Q. Bird, the President of the Pathological Society of Hudson city, who presented specimens of fungoid growths of the large intestine, and a kidney containing several calculi, taken from a man who died in the Hudson City Hospital. The history was read by the Secretary, as follows:—

A man, aged 24; one year previous to his admission to the hospital, he suffered from abdominal pain accompanied by diarrhœa. On admission he complained of the same symptoms; the daily evacuations from his bowels were six to twelve in number. The rectum was examined, and several fungoid tumors were found there, and ligated at intervals, while in the hospital. The urine was not examined. He died of acute phthisis. His father died some time ago, of the same disease, and his sister is now suffering from a similar one.

Autopsy.—Body emaciated. Pericardium healthy, lungs adherent, and cavities of variable size, filled with a greenish purulent detritus and emitting a gangrenous odor, were scattered throughout their substance. The stomach, at its pyloric extremity, was indurated. The colon and rectum presented peculiar points of interest. From the mucous membrane fungoid growths or polypi projected, some terminating in melanotic tumors of small size, some of them measuring one inch. They were not found above the ilio-cæcal valve. A stricture of the rectum was found at the seat where these tumors had been ligated. Both kidneys were healthy; one of them contained several calculi imbedded in its pelvis.

Dr. Erskine Mason, after the paper was read, wished to know if the stricture was antecedent to the operation of ligating the polypi.

Dr. Bird, in reply, said that it was the result of operative procedure.

The President remarked that these growths usually consist of connective tissue, which may contain gland follicles, and are the result of chronic colitis.

NEW YORK ACADEMY OF MEDICINE.—STATED MEETING, February 4, 1875.

Dr. Purple, President, in the Chair.

The Etiology and Treatment of Pneumonia.

At the present time, in New York, considerable interest attaches to pneumonia, from the fatality and frequency of it. It appears to be of a typhoid character, and frequently proves fatal in two or three days. It was suggested that a meeting of the Academy of Medicine be called, to consider both its cause and treatment. The discussion was commenced by Dr. Austin Flint. He spoke briefly as follows:—

Pneumonia is a disease showing marked diversities in its nature, in different places, and at different times. To-day we hesitate to accept anything that cannot be proved to a demonstration, but our progenitors realized that at different times a disease might show marked changes in its characteristics. Malaria, in some places,

is of a very fatal type, and scarlet fever is a disease that differs greatly with the epidemic, not only in its severity, but in its tendency to complications. Pneumonia in the Southern States is of a graver nature than it is in the North, and at the present time in this city it is more grave than we usually consider it. Several cases have come under my own observation during the month of January, in which death has taken place in a few days. Before referring to the treatment, I shall read notes of a case that I treated in 1837. The man was in good health previous to the attack, and about twenty-two years of age. I bled him to the extent of thirty ounces, and then gave him five grains of calomel every four hours. In the evening, the pain in the side was not so severe, but still existed. He was again bled, nine ounces being taken. On the following day the pain was relieved. In six days from the attack he was convalescing, and in sixteen days recovery was complete. Louis reported a number of cases of pneumonia in which he used blood-letting. He did not consider it necessary to consider its effect on the mortality, taking for granted that there could be no doubt as regards its beneficial effect in that way, but what he wanted more particularly to determine was, whether the bleeding, did or did not shorten the disease. His conclusions were that bleeding not only had a happy effect, but it shortened the disease by four or five days. It never arrested the disease at once, however. He found that if the blood was taken from the patient late in the disease, it had an adverse influence, and tended to lengthen it. Jackson, of Boston, was of the opinion that if the patient were bled on the first day of the disease, its duration would be shortened from fourteen to eleven days. Louis reported seventy-eight cases, and had a mortality of twenty-eight deaths. He afterwords reported twenty-nine other cases with four deaths. Jackson reported fifty-one cases with eight deaths. His treatment was the same as that of Louis.

I have the reports of 135 cases, with a mortality of thirty-five, or about twenty-six per cent. died; in twelve of these, the patients were bled. The cases were observed in different cities.

64 in Buffalo,	with 11	deaths,
11 in Louisville,	" 7	"
58 in New Orleans,	" 17	"

When pneumonia is limited to a single lobe, it is important to bear in mind that the cases prove fatal only by complication and extension of the inflammation, and it is for us to consider whether bleeding does or does not tend to avert these complications. Lately we have had the scheme presented to us of lowering the heat of the patient by the use of external cold. Internally, quinia, in five grain doses, three times a day, I have found to be of decided benefit. Death occurs nearly always from asthenia, and the use of alcoholics in the latter stages, I think is undoubtedly indicated.

Attention has been recently called to a cause of pneumonia that we do not ordinarily take into account. I mean that arising from the effects of sewer gas. Near London they deemed it necessary to open a ventilator for a sewer in close proximity to a high school; the principal most emphatically protested, but without effect. Shortly after a number of cases of pneumonia developed, and it was found necessary to close the school. Previous to this, the school was perfectly healthy, and after the removal of the sewer ventilator, no further sickness occurred. We are thus led to the inference that the sewer gas was the direct cause in this case.

Dr. W. H. Thompson read the histories of five cases of pneumonia that came under his observation at Bellevue Hospital. They were all treated on the antipyretic plan, bags containing ice being applied to the chest, to reduce the temperature of the patient. In all the cases there was a decided reduction of temperature, and with the intermission of the use of the ice the temperature again rose. Of the five cases reported, only one proved fatal. He gave ten grains of carbonate of ammonia every two hours, and one grain of quinia every hour.

Dr. A. L. Loomis said: The two important things in the consideration of pneumonia are, the etiology and treatment. Of all the causes, age ranks first; we see it usually between 20 and 40, and after 60 years of age. I mean croupous pneumonia. The pneumonia of children is broncho-pneumonia. Climate also exercises an influence, and particularly if it is liable to sudden changes. Here we do not see much of idiopathic pneumonia. It is true we find it in the books, but so rare do I find it that I am tempted to question its existence. The great number of cases occur in those who are not in full health. In this city, we are all staggering under the influence of malaria, and a slight exposure lights up the disease. Anything that debilitates the system has a similar effect, such as sewer gas, septicæmia, pyæmia, rheumatism, etc. There are few who would care to bleed, when pneumonia is due to debility, and as I said before, it is with that form that we have most to deal with. The use of ice-bags to the chest, I am decidedly opposed to. I have not had as large an experience as I should wish, but so far my experience is against it; for though the temperature may be reduced, I find that there is a tendency to an extension of the inflammation.

I found recently, on coming on duty at Mount Sinai Hospital, several cases treated in this way, and they all died. The cause of heat is the metamorphosis of tissue, and the drug, in my experience, that controls this metamorphosis, is the sulphate of quinia. I give it in ten grain doses. When the heart begins to flag, and we have resulting œdema of the lungs, and other signs of debility, I rely on alcohol freely given to tide the patient over. I find it more reliable to stimulate the heart than any other drug I have ever used.

Editorial Department.

Periscope.

On the Relations of Diphtheria and Scarlet Fever.

A paper by Dr. Arthur Ransome, on the above subject, is reported in the *Medical Times and Gazette.*

After detailing two cases of diphtheria derived from an epidemic of scarlet fever, Dr. Ransome pointed out how much these diseases agree in their epidemic character, in the degree and course of their pyrexia, and in their chief points of attack being the throat and the skin. The sequelæ of the two diseases are similar: suppuration in the lymphatic glands; ulceration of the ears; arthritic affections, with or without cardiac complication; kidney disease and dropsy; general or localized paralysis of the nervous system. Each and all these consequences have been met with after both diseases, yet the differences between them are too important and too numerous to permit of their effects being considered as different manifestations of the same disease. First, as the cases brought forward show, diphtheria may arise directly from scarlet fever, but the converse action is not met with. There are also other etiological differences; diphtheria is less energetically contagious, and is more frequently associated with local causes than scarlet fever, and is not so entirely dependent on the personal conveyance of infection for its spread. Scarlet fever prevails most in the autumn with us; diphtheria is less dependent upon season; nor is it influenced by heat or moisture, or by locality, for it occurs in India and Australia, and at considerable elevations. Another point of difference between the two diseases is, that while scarlet fever is rarely associated with other complaints, diphtheritic affections are commonly met with in the course of various pyrexial disorders. In the report of the Diphtheria Sub-committee of the Epidemiological Society, it is recorded that of 122 cases in the epidemic of 1861, 57 occurred alone, 34 with scarlet fever, 9 with small pox, 7 with measles, 6 with fever, and 3 each with ordinary sore throat, croup, and catarrh. The points of unlikeness in the nature and symptoms of the two diseases are too great to allow us to rank them as varieties of the same species: thus the rash of diphtheria is often absent, is very variable as to the time of its appearance, occurring seldom at the outset of the malady, and it may occur as late as the third week. Albuminuria is often found within two or three days of the commencement of diphtheria, whilst in scarlatina it seldom sets in until desquamation of the kidney has commenced. There is an absence of definiteness about the duration of symptoms in diphtheria which marks it off from the regular sequence of events in scarlet fever; in the former, exudation may form on the fauces for six weeks or two months, without much affection of the cervical glands. The mode in which diphtheria localizes itself on the mucous membranes or on broken surfaces separates it from any other disease. Different epidemics differ widely in the point selected for attack; often the larynx and bronchi have been seized, as well as the throat. But does scarlet fever ever attack the larynx? It is remarkable that in epidemics affecting other mucous membranes, with little fatality, the subsequent complications were frequent and troublesome. Lastly, does an attack of diphtheria confer any immunity from subsequent seizures? The susceptibility of the throat seems rather increased than diminished, while scarlatina seldom reappears in the same individual. It is evident that the two diseases are distinct, and yet that some very definite and close connection exists between them. It is not easy to point out wherein the bond consists; but it is possible that the relations of some other ferments may throw some light on the subject. M. Bertholot's discovery of an unorganized glucosic ferment derived from yeast (*Comptes Rendus*, vol. I, p. 980), and the fact that one fermentation by organized beings frequently prepares the way for a different one, suggest two ways in which the singular relation existing between scarlatina and diphtheria might be accounted for.

Intra-Pulmonary Injections.

Dr. Ewald, of Berlin, writes to the *Irish Hospital Gazette*, February 1st:—

Dr. Koch has, in conjunction with me, made a number of experiments on the effects of the injection of a strong solution of iodine into phthisically diseased lungs, choosing as far as possible those cases in which the disease was recent and circumscribed.

The solution used was one part iodine and one part iodide of potassium, to twenty parts of water. The instrument used was a Pravaz syringe, and at least five injections were made at each sitting. We were able, by partly withdrawing the canula and re-introducing it in a new direction, to inject from thirty to fifty different points in the diseased portion of the lung. As this operation caused a considerable amount of pain, and as each patient had to undergo it from three to four times, we thought it better to put them slightly under chloroform before operating.

In no case was the operation followed by any unpleasant symptoms of reaction, and only when, by chance, the canula pierced a small bronchus, was the patient attacked with violent

coughing, with the expectoration of a brownish secretion. This happened, however, but seldom; for we soon learnt to distinguish, by the sense of greater or less resistance offered to the canula, the soft and healthy lung tissue from the harder diseased portions.

In quite a number of cases we remarked that the temperature, which before the operation was that of hectic fever, sunk immediately afterwards to normal, and remained there for several days. In no case did the patients complain of the pain continuing after the operation.

The results, however, fell far short of our expectation; for in no case were we fortunate enough to arrest the phthisical tendency. The disease seemed to run its ordinary course, and in no case where we had the opportunity of making a post-mortem examination, did the eaten-away lung tissue show any evidence of having been in the least affected by the injection.

As the benefit of the temporary fall in temperature seemed to us out of all proportion to the risk run from the exhibition of chloroform, we felt bound to put an end to these experiments, on which we had expended so much time and trouble.

On the Diagnostic Value of the Ilio-Femoral Triangle in Cases of Injury to the Hip.

Mr. Bryant read a paper on this subject, reported in the *Medical Gazette*. The triangle which the author described as the "ilio femoral" was formed between the ilium and the great trochanter of the femur. One side of it was drawn from the anterior superior spinous process of the ilium, to the top of the major trochanter; the second was drawn from the anterior superior spinous process of the ilium directly downward to the horizontal plane of the recumbent body; and the third, the base of the triangle, was drawn at right angles to the second, and fell upon the first when it touched the great trochanter. To this line the author's observations referred. He said that the first line corresponds in the normal condition of the hip-joint to Nélaton's test-line for dislocation of the head of the thigh-bone backward, and he regarded the line of the triangle described as third to be the test-line for fractures or shortening of the neck of the thigh-bone. He stated that after repeated proofs he could confidently assert, that whilst in a healthy subject the ilio-femoral triangles of the two sides were exactly similar in all cases of injury to the hips, in which shortening of the neck of the thigh-bone existed, the amount of shortening could readily and accurately be made out on comparing the bases of the triangles of the two sides. In impacted fracture, where on the sound side the base of the triangle would, in the adult, measure its average normal length of two inches and a half, on the affected or injured side it would measure from half an inch to more than one inch less. These measurements were taken with the patient in the horizontal position, the pelvis straight, and the two femora parallel. The author illustrated his paper by quoting half a dozen cases of impacted fracture, in which by the test-line the shortening in the neck of the thigh-bone was readily made out; and concluded by pointing out the value of such simple and certain means of making out whether any shortening of the neck of the thigh-bone exists after an injury preventing any undue manipulation of the hip-joint, in cases of impacted fracture or other obscure injuries to the joint. He then passed on to point out how fallacies in the test might be met with; but, as they were quite exceptional in practice, he thought that they could in no way tend to diminish the value of the test-line as a means of diagnosis in hip-joint injuries.

The Wet Pack in Rheumatism.

This plan of treatment is urged anew in the *British Medical Journal*, by Dr. Thomas S. Dowse, of London. His words are:—

During the past three years I have been in the habit of packing most of my cases in a wet blanket, and afterward rolling them up in dry blankets, so as not only to promote profuse sweating, but also to increase the temperature. This mode of procedure, which I conducted in a very indefinite manner, gave such good results, that I thought carefully over the *rationale* of the system, and at once adopted a course of wet packing, after the manner and with the success which I will relate to you. The procedure is simple. The bed is covered with India-rubber sheeting; over this is laid a blanket which has been wrung out of hot water. The patient is then enveloped in the blanket, and covered with six folds of dry blanketing. By this, the temperature is raised and profuse sweating results; the former, if need be, is assisted by the administration of brandy in half-ounce or ounce doses every hour, and the latter by giving freely warm milk and water. If the temperature exceed 102°, then the stimulant is unnecessary. My plan is to continue the treatment for three successive days; namely, for six hours the first day, four the second, and two the third After the first pack, the patient is free, or nearly so, from pain; after the second pack, the pain has completely subsided, and after the third pack the sour smell usually disappears. In addition to the relief from pain and subsidence of acid secretions, the pyrexial state, with its attendant symptoms, will be found to decrease in direct ratio, and likewise the pulse. The secretion of urine will become more plentiful, and the urea will diminish in quantity; yet, although the improvement is so marked in reference to pain, sweat, pulse, and temperature, the urine remains acid and loaded with lithates, and the tongue coated, for some days longer. It not unfrequently happens, especially in young people, when the weather is variable, that transitory pains return in one or more joints; but in almost every instance the pain has been subdued, if not by the first, by the

second bath. In reference to cardiac inflammation, I believe that this treatment subdues it more rapidly than any other, rendering the valves less likely to undergo organic change.

But now comes a very important practical question. There can be no doubt that the packing process produces considerable constitutional disturbance. Under what circumstances should this treatment be adopted, and under what conditions is it not practicable? Every one who has had much to do with this disease must be conscious of the anxiety which it gives him when the temperature exceeds 105° or 106°, and especially when it is associated with the least sign of cerebral disturbance; and, as my treatment consists in elevating the temperature, it will be apparent that some care is necessary. Thus, according to my experience, it should not be adopted, 1. If the patient suffer from incompetency of the aortic valves; 2. If there be much fluid in the pericardium from previous inflammation; 3. If the temperature be over 104°; 4. If the skin be hot, dry, and harsh, without the least tendency to sweating; 5. If there be extreme nervous prostration from habits of drunkenness or other vitiating cause; 6. If the patient be pregnant.

Again: during the time the patient is packed, the following points must be observed:—1. If, after two or three hours, the patient become very restless, with a dry, non-perspirable skin, I should advise the treatment to be discontinued; also when the temperature exceeds 105°; 2. If the temperature do not rise, and the patient be sweating freely, give half an ounce, or even an ounce, of brandy, every hour, in warm milk and water. Thus we have to secure profuse sweating and a mean temperature of 104°; we have to guard against a dry skin and a temperature over 105°.

Nux Vomica in Nervous Diseases.

According to the *Medico-Chirurgical Review*, Dr. de Stefani does not regard nux vomica as an irritant to the spinal cord, but believes that it exerts a depressing action on the ganglionic system. As this system has numerous relations and sympathies with the cerebro-spinal, nux vomica, acting on both, relaxes the vital tension of the nerves, restores to them their natural conducting power, and also the degree of influence necessary to maintain the harmony of the vital functions of the organs. In acute and serious diseases of the two nervous systems the tolerance of the drug is great; in chronic affections of the ganglionic system it is greater than in that of the cerebro-spinal; and in the organic diseases it is in relation to the gravity of the nervous sympathies. Intolerance of the drug is indicated by stiffness of the lower jaw and of the tongue, and some degree of subsultus in the lower limbs or in all the body. With reference to the curative action of nux vomica, Dr. de Stefani maintains that it depresses the muscular force if this has been stimulated by hyperasthenia, and stimulates it when it has been apparently depressed by the same cause; that it lowers the pulse when it is hard and vibrating, and raises it when it is small and weak; that it lowers excessive heat of the skin, and warms the skin when it is morbidly cold; that it regulates both the pulse and heat of the skin when they are variable several times in the day; that it relieves ardent thirst; that in costiveness which has resisted repeated purgatives it opens the bowels, and in some cases arrests diarrhœa; that it also arrests spontaneous hemorrhage and relieves hemorrhoids; that it relaxes spasms, removes neuralgic, pleuritic, and rheumatic pains, calms delirium, and removes morbid wakefulness, or awakes patients from morbid sleep, promotes perspiration when deficient or arrests it when profuse, etc., whenever these symptoms are the results of a nervous affection. Nux vomica should not be employed in nervous affections until other remedies have failed. When its use is decided upon it is necessary to guard against giving too small doses. The dose of the alcoholic extract given by Dr. de Stefani to subjects of middle age suffering from chronic disease is from five to ten centigrammes. In serious cases this may be raised even to thirty centigrammes, combining with it an equal quantity of extract of rhus radicans and some extract of henbane.

The Hygiene of the Eyes.

In the *Journal de Medezine* (translated in the *Medical Press and Circular*), M. Grand lays down some hygienic rules for the eyes:—

For the worker the light should come as much as possible from the left side, that is to say, from the side towards which one turns in working.

Daylight is the best; but one should avoid direct sunlight; that of reflecting mirrors should also be avoided. The aspect should be northern, and the sight should come a little from above. Light coming from the right, too high or too low, all these defective conditions, cause school children, particularly, to take all sorts of awkward positions.

White walls should be avoided; highly varnished tables, and in workshops, shining articles like silk, should be protected from the sun's rays.

Artificial light is always bad, on account of the heat and the exhalation of carbonic acid. The best is that of lamps fed with vegetable oil and furnished with a glass shade. Gas is bad, because of its heat, brilliancy, and mobility; the light of mineral oils is too hot; that of candles insufficient and flickering. An oil lamp should be covered with an opaque moderateur; the eye of the workman should avoid the light coming to him directly or diffused through the room. The moderateur should be white, green, or gray.

Working after meals is injurious. Inclination of the head should be avoided. One should write on an inclined plane; and in schools it would be good to supply a movable back-board for the children.

Application of the eye must always be interrupted from time to time. Reading in bed, lying down, is to be deprecated from every point of view.

M. Grand recommends, when the eyes are fatigued by constant work, lotions of cold water, and, if the eyes are subject to catarrhal inflammation, of tepid water. As regards this, our advice is totally different.

We believe that washing with cold water, and the employment of iced water, is bad. We see well-known ophthalmologists, M. Galezoski, for instance, recommending *hot* water for the slighter maladies of the eye. We have always seen washing with hot water, *very hot water*, after continuous application, render very great services to the weary eye. We beg of our readers to urge this method on their patients.

If the eyes are fatigued by bad artificial illumination, blue, or slightly smoked glasses will be useful, and in order to avoid the lateral rays, they should be large and round.

If the irritation of the eyes persists, all work must be abandoned, and an examination made to see if there be any disturbance of refraction, of power of accommodation, or of the mobility of the eyes.

Presbyopia supervenes earlier with those who are constantly at work than with other individuals, and as soon as it does, convex glasses should be at once resorted to, without which the muscle of accommodation would be fatigued to no purpose. At first they should be used for working in the evening, after the fatigue of the day; but a long-sighted person should only use spectacles for looking at near objects, not at far ones.

Work requiring close application favors the development of myopia precisely in proportion as the conditions of illumination are bad.

If the action of those causes continues, the myopia continues to increase until vision is lost.

A slight degree of myopia may be favorable to close work, but, as a general rule, work requiring close application, by the derangement of circulation that it inevitably induces in the eye, is much more injurious to the myopic, and is the great cause of the development of myopia and its complications. Young people should be examined, and *if they are myopic, hindered from undertaking tedious studies and all professions demanding close applications of the eye.*

Vaginismus.

Dr. Lorain says, in the *Gazette des Hopitaux*, it has been recommended to treat it by the same means as a fistula in ano, but this I consider as a very bad procedure. It would be preferable to pursue a sedative and anti-spasmodic treatment; and the employment of bromide of potassium, as recommended by Raciborski, seems more rational and efficacious. But the treatment of vaginismus is really extremely difficult, for we often have to do with patients of extreme delicacy and susceptibility, and in some cases the physician hardly dares to intervene. It is a more common affection than is generally believed. I have reached an age when one receives these kinds of confidences, and I receive many of them. I do not believe that vaginismus is due to any narrowness of the organs, but rather to a feeling of fear at the moment of introduction, which prevents dilatation. There are an enormous number of women, highly distinguished in the world, who have never undergone coition. For this there are sometimes reasons, as when men are devoid of the delicacy and preliminary attentions, persons devoid of all tact, and who seek to enter without knocking at the door. I do not insist on this subject, which is a very delicate one; but I repeat that vaginismus is often caused by the brutality and clumsiness of the husband; and persons who have nervous and impressionable wives to deal with cannot be too strongly recommended to surround the conjugal act with every possible precaution. All has not yet been said on vaginismus, and it forms an important subject for study. It is, however, a somewhat difficult one, especially for a young man.

"Massage" in Sprains.

The Paris correspondent of the *Irish Hospital Gazette* says:—

M. Broca does not believe in the efficacy of absolute rest in sprains, and attaches greater importance to shampooing than is generally accorded to it by surgeons. Its omission in ordinary practice, he said, was much to be regretted, and it would in some measure account for the success of "rebouters" (bone-setters), who infest the provinces and employ this mode of treatment to a great extent, almost to the entire exclusion of rest, so much insisted on by regular surgeons, not only to the prejudice of the patient's health, but of his purse, and, in the case of a workman, perhaps of his livelihood for a time. M. Broca expressed his surprise that the subject is so lightly treated in some classical works, while others do not even mention it as a remedy for sprains or any other malady; he therefore took occasion to explain what shampooing was, and its mode of action in the treatment of sprains, etc., as follows:—"Primary Shampooing," he stated, consisted of pressing or kneeding the swollen tissues with the fingers; then of alternately flexing and extending the joints affected. By this pressure and forced motion, the extravasated liquids are dispersed into the subjacent cellular tissue. After the first shampooing, the pain and swelling return, but on the second day, when the operation is repeated, its effects last much longer, the pain is diminished, and after a few days, during which the operation is regularly practiced, the pain and œdema disappear completely. "Secondary Shampooing" is applicable to cases that had not been treated, or imperfectly so in the first instance, and in which the pain, swelling, and inability to move have persisted. In such a case, he would begin with gentle

frictions, which are to be gradually increased, and to be applied to the most painful parts.

The counter-indications against this mode of treatment consist of acute inflammation of the parts; as in such a case the operation of shampooing would not only be intolerable, but would increase the inflammation. In all cases of sprain the utmost care and attention should be paid with the view of forming a diagnosis, as it would be unpardonable in any surgeon shampooing a fractured limb, a practice not infrequent among quacks and bone-setters. In case of doubt, better treat the patient upon ordinary principles than to resort to the cruel and unscientific method of shampooing under such circumstances. M. Broca then described the process of the operation. After each sitting he applies a roller steeped in Goulard or some other resolvent lotion, and enjoins rest, absolute or otherwise, according to the nature of the case.

Reviews and Book Notices.

BOOK NOTICES.

The Transactions of the American Medical Association, vol. xxv. Philadelphia. Printed for the Association, 1874. pp. 587.

It is gratifying to note the decided improvement in the contents of this volume over the preceding one issued by the Association. The most serious objection to it is that it is chiefly made up of what Juneval calls "twice cooked cabbage," *bis crambe repetita*, inasmuch as most of the addresses, and articles, and all the minutes, appeared in various medical journals at the time of meeting of the Association, so that the volume contains little new to one conversant with the journals of the year. There are advantages, however, in the more permanent form and consolidated character of a publication in volumes.

Decidedly the most remarkable, original and able paper in the volume is the address by Professor S. D. Gross, on "Syphilis in its Relation to the National Health." The eminent author here sums up the reflections and experience of a long life of observation on this disease, and his conclusions, often startling and bold, should wake the professional mind from its lethargy as to the results and spread of this insidious malady.

A great deal of prominence, in the contributions, is given to matters of preventive medicine, such as the effects of defective drainage, the use of alcohol, and the waste of life from various preventable causes. The writers on these topics are Dr. A. N. Bell, A. Linthicum, T. M. Logan, B. H. Catlin, Henry J. Bowditch, R. C. Kedzie, A. B. Stuart, J. L. Cabell, and others.

Several excellent surgical articles merit especial mention. Chief of them is a report on fractures, by Dr. Lewis A. Sayre, embracing a tabulated view of all the fractures for a year in Bellevue Hospital which were treated with plaster-of-paris apparatus. Dr. Paul F. Eve contributes a concise history of "What the West has done for American Surgery," which makes a showing in the highest degree gratifying. Another careful article is one by Dr. E. M. Moore, on epiphyseal fracture of the superior extremity of the humerus, which has a full-page plate with it.

The reports of the scientific discussions in the sections are fuller than ordinary, and contain much that will repay perusal, though here and there a superfluous fidelity in reporting is noticeable.

Syphilitic Lesions of the Osseous System in Infants and Young Children. By R. W. Taylor, M. D., etc. New York: Wm. Wood & Co., 1875. Cloth, 8vo, pp. 179.

This work is another sign of the general attention with which the profounder and larvated symptoms of syphilis are now being studied; as the author justly remarks in his preface, science has given this subject a very insufficient share of her attention, and in spite of the deluge of works on syphilis, which have appeared in the last score of years, infantile syphilis has been but imperfectly depicted.

The writer commences with a minute history of twelve cases which came under his treatment. He then proceeds to discuss at length the individual symptoms, the swellings and enlarge-

ments of the various bones, the effect of these enlargements on the integuments and joints, the degenerative changes to which they give rise, one of the most striking of which is the separation of the epiphyses from the diaphyses, an occurrence not always owing to syphilis. Periostitis is also found in infants, and the intensity of the syphilitic poisoning varies considerably. The relations of rachitic and scrofulous to true specific lesions are very satisfactorily set forth, more clearly than will elsewhere be found.

As for treatment, our author relies on the "mixed treatment" of mercury and iodide of potash, which he believes is more effective than either of these drugs alone or both in rotation. His favorite prescription is as follows:—

℞.	Hydrarg. bichlor.,	gr. j.	
	Potassii iodidi,	ʒiv.	
	Syrupi aurant		
	Aquæ	āā ʒij.	M.

The dose for a child of two months old is five drops, which may be gradually increased as high as twenty drops. He advises against the hypodermic injection of corrosive sublimate, as his experience is that it causes much pain and swelling. Mercurial inunctions in infants he considers also out of place, as they often excite severe cutaneous inflammation. For nodes on the scalp, daily frictions with mercurial ointment are the best application.

The work is handsomely printed on fine tinted paper.

On Functional Derangements of the Liver; being the Croonian Lectures delivered at the Royal College of Physicians, in March, 1874, by Charles Murchison, M.D., L.L.D., F.R.S., etc. New York, Wm. Wood & Co., 1875. Cloth, 12mo, pp. 182.

These lectures, which originally appeared in some of the English medical journals, are written in a masterly manner by one thoroughly conversant with his subject. Dr. Murchison first treats of the functions of the liver in health, which he defines to be principally the formation of glycogen, the metamorphosis of the albuminoids, and the secretion of bile. He next investigates its functional derangements, which he divides into those dependent on abnormal nutrition, and abnormal elimination. The causes of functional derangements he divides into those pertaining to organic disease and disorders of other organs, and those associated with errors in diet, high temperature, nervous influence, poisons, and such like.

In discussing remedies, Dr. Murchison states fairly the much debated question of the action of mercury, and pronounces in favor of its being "a true cholagogue," and one of the most effective we possess. He says decidedly that it is more certain and easier in action than podophyllin, which, however, he grants is "a good substitute for mercury." Alkalies he puts above the mineral acids; indeed, he is far from echoing the praises of the latter in hepatic disease which some of his cotemporaries have spoken so prominently.

The book lacks an index, but in other respects is creditably brought out.

Lectures on Diseases of the Respiratory Organs, Heart and Kidneys. By Alfred L. Loomis, M. D., Professor of Pathology and Practical Medicine in the University of New York, etc. New York, William Wood & Co., 1875. Cloth, 8vo, pp. 549.

Professor Loomis's lectures will be welcomed by many who have listened to his clear exposition of clinical facts. The diseases treated of in this volume are among the most frequent which the practitioner has to contend with. They include catarrhal laryngitis, membranous croup, bronchitis, asthma, whooping cough, emphysema, pneumonia, pleurisy, phthisis, pericarditis, valvular diseases, uræmia, Bright's disease, and others of less prominence. Much attention is given to the diverse forms under which each of these can present itself, and the warning is frequently iterated, that no one should accustom himself to treat a disease as such, but always the particular person, and the peculiar variety, that is found.

In pneumonia and laryngitis, Dr. Loomis recommends warmly quinine in full doses. Twenty-five to thirty grains daily, does not seem to him too much in many instances, and he even gives twenty grains a day to a child three years old, in acute catarrhal laryngitis. The article on Bright's disease is full and comprehensive, and distinguishes clearly between the several forms of nephritic lesions which are usually classed under this one name. The pathology of the work is, indeed, unusually minute throughout, for an American book, and aids the author materially in discriminating between the different clinical forms of the diseases

he discusses. The production is, indeed, one highly creditable to the medical literature of this country.

Cyclopedia of the Practice of Medicine. Edited by Dr. H. Von Ziemssen. Vol. ii. Acute Infectious Diseases. New York, William Wood & Co., 1875. pp. 752.

The second volume of this most excellent work will be received with great interest, the diseases of which it treats being peculiarly those of frequent occurrence in daily practice. They include varicella, measles, rubeola, and scarlet fever, by Professor Thomas, of Leipzig; variola and varioloid, by Professor Curschman; erysipelas, miliary fever, dengue, influenza, and hay fever, by Prof. Zuelzer; malarial diseases, by Prof. Herz; and epidemic cerebro-spinal meningitis, by the editor, Prof. Ziemssen himself.

Of the praiseworthy and liberal style in which the work is published, its fine paper, large clear type, careful proof-reading, and admirable index, we have spoken before. We shall now analyze some few passages of the work, to give our readers an idea of its general character.

Turning to the treatment of cerebro-spinal meningitis, by Prof. Ziemssen, he first states that no abortive method of cure is known. Leeches behind the ear and ice bags are "very efficacious;" the cold should be applied to the neck and back. General blood letting has few advocates. Although he has used mercury in most of his cases, he is by no means satisfied that it has done good. Quinine should be restrained to "those rare cases where the temperature ranges very high." Morphine, on the other hand, is "one of the most indispensable remedies." In the later periods, iodide of potassium may be used. Professor Ziemssen does not mention belladonna or atropia and ergotine, remedies much lauded in this journal, although in his bibliography he refers to a number of articles in the REPORTER.

The article on Scarlatina is an admirable one. The bibliography of the subject covers *ten* closely printed pages. The treatment is summed up in the opening sentence: "The *symptomatic* is the only rational and advisable treatment in scarlet fever." Cold baths are decidedly advised. The anointing with fatty matter is of doubtful utility. "In many cases the abstraction of blood causes immediate and permanent relief." Cold dressings to the neck, and swallowing ice, is usually sufficient for the angina.

In hay fever treatment is pronounced "powerless." Helmholtz's much talked-of use of an injection of quinine (as we once stated in this journal last year) "has proved ineffectual." No means of eradicating the tendency has been discovered. Change of air is the only means of relief. (Opium, a dangerous remedy, on account of the habit engendered, but the most efficacious one we have ever tried, is not mentioned.)

These notices will give an idea of the general character of the work; it is one which no physician will regret buying.

A Course of Lectures on Physiology; as delivered by Professor Küss, at the Medical School of the University of Strasbourg. Edited by Mathias Duval, M. D. Translated from the second and revised edition, by Robert Amory, M. D. Illustrated by 150 wood cuts. Boston, James Campbell, 1874. Cloth, 8vo, pp. 531. Price $2.50.

The arrangement of this manual of physiology is judicious, and its discussions of the various subjects involved concise and accurate. Starting with the cell and its various forms, the author proceeds to the nervous system, then to the muscles and their appendages, the blood and its circulation, the epithelial surfaces, the digestive and respiratory systems, the skin, the organs of special sense, and the generative system, embryology, as usual, being placed last, though in nature it comes first.

While we have been pleased with the general plan of the work, and the views it contains, in a number of details it is open to just criticism. The very first paragraph contains an error. Physiology, says the author, "according to its etymology, means the science of life or animation;" whereas it means the science of growth or of development. In the discussion on the cerebral functions (page 62), no reference is made to the pregnant experiments of Hitzig and Ferrier; Dr. Flint's researches on the hepatic functions do not appear to have been used; the extractum carnis is stated to be "in no way nutritive" (page 213), an opinion based on mere theory, and contradicted by daily experience; the explanation of animal heat (page 340) is insufficient; and there is too exclusive authority given to French writers. Such objections should have been obviated by the editor. The illustrations are neatly printed and the book well made.

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RULES OF EXERCISE.

In these days, when so much is said and written about physical culture, it is singular that it is so hard to find any treatise which sets forth its principles, free from the defects of narrow observation, hobbyism, or anatomical ignorance. We have been able to find no such treatise in our language, and, in fact, of the essays on the subject we have consulted, most seem very unsatisfactory.

A distinction they nearly all fail to make, is that which relates to the object of physical exercise. This, as popularly practiced, is for a very different purpose from what it should be in the view of a hygienist. Expertness in athletic games, or eminence in athletic sports, as rowing, throwing the stone, sparring, walking, and wherever the element of contest comes in, is to be obtained by repeated employment of the same group of muscles, *taxing them to their utmost.* This develops *strength.* But that is not what the hygienist wants. He aims not so much to attain the highest muscular power of which a given person is capable, as to secure prolongation of muscular effort of medium force—in one word, *endurance.*

The difference between these two characteristics is very marked. Army surgeons are familiar with the fact that forced marches are better borne by men of medium power, than by the Hercules of the regiment. The latter are sure to give out before many of their weaker companions. The "strong fellows" in collegiate classes, those celebrated throughout the institution as lifters of "fifty-sixes" an indefinite number of times, nearly always break down inside of the first decade after their graduation. The business and public men of mature years, capable of prolonged and colossal labor, mental and physical, the Gladstones and Disraelis, are rarely, if ever, men of extraordinary muscular power. The professional athlete is nearly always shelved before he is forty, and the early death of the heroes of the pugilistic ring is matter of common comment. Galen says of the Roman athletæ, that their career as such rarely lasted more than five years; by that time they died or became dull and torpid.

In spite of the familiarity that such facts have to medical readers, we observe that Dr. Bartlett, in a late number of the *Sanitarian*, writes thus:—

"Girls are more sensitive and excitable than boys, and sooner become exhausted; hence they require a different drill. And yet in their case, as well as in that of boys, the cardinal rule of physical development should never be lost sight of, viz., that to develop a muscle it must be made to contract to its fullest extent. The law of muscular growth demands that to make a muscle stronger to-morrow, it must be taxed to its utmost to-day. Keeping this law in view, the so-called "light gymnastics," or "calisthenics," are almost worthless. Their object seems to be to produce celerity and precision of movement rather than to develop strength. As well might you expect the throw of the weaver's shuttle or the ceaseless ply of the seamstress' needle to produce muscular growth!"

This appears to us very questionable advice. Muscular growth is, we believe, produced with less risk and of a more salutary and enduring kind, by the frequent repetition of motions somewhat short of the utmost taxation of the strength, and continued until the commencement of fatigue, but of course not to actual exhaustion. Such movements should be constantly varied. Supposing the lesson is for thirty minutes, at least ten different motions should be practiced in that period. This will bring into active but not exhaustive play all the muscles of the body, provided the motions are judiciously selected. There is no danger of strain or over-action, and what is especially desired, the circulation and nervous supply is directed steadily, for a few minutes, to one group of muscles, then to another, then to a third, and so on, thus bringing about an equilibrium of supply and a symmetry of nutrition, which insures health by forestalling local stases and congestions.

Some of these movements should be directed to the extremities, some to the trunk, and others to the viscera. The latter are most essential to health. Dr. MacCormac, of Dublin, wrote an article (quoted in the REPORTER) last year, on "Exercise of the Heart," recommending for its accomplishment the repetition of certain movements. Exercise for the lungs, liver, stomach and heart, can all be obtained by appropriate movements, and these should be regularly practiced. Disabled health is no contra-indication. The Swedish movement cure illustrates the marked advantage of the derivation of nervous force from and to certain parts, even in diseased conditions; and active movements can soon take the place of passive ones when a certain condition of endurance is reached.

There is much need of a handy little volume in our tongue which would set forth these and other rules of exercise, without an intelligent acquaintance with which gymnastic practice and athletic sports are at best hap-hazard, and are often hurtful.

NOTES AND COMMENTS.

Therapeutical Notes.

COMEDONES.

These disfiguring, black-headed glandular enlargements, often seen on the faces of the young, can be readily dispersed, says Dr. Gutceit, by bathing them night and morning with a dilute solution of aqua ammoniæ (a teaspoonful of the liq. ammon. caust., Ger. pharm., to the wineglassful of water).

CORROSIVE SUBLIMATE HYPODERMICALLY.

The use of the corrosive chloride hypodermically has been strongly urged in syphilis. The following formula is recommended as efficient, and not liable to produce local trouble:—

℞. Hydrarg. chlor. corrosiv.,
Chloride of ammonium, āā gr.xx
Chloride of sodium, gr.lxij.
Distilled water and white of one egg.

About one-sixth of a grain should be injected at a time, suspended in forty drops of the albuminous fluid.

HOT INJECTIONS IN UTERINE HEMORRHAGE.

In the *Allgemeine Med. Centralzeitung*, Dr. Windelband, of Berlin, urges the use of hot injections in hemorrhage from abortion, etc. He has derived from it "advantage always, injury never." Hemorrhage from placenta previa, fibroids, carcinoma, etc., have yielded to it. He employs water at a temperature of about 100° Fahr.

LIME WATER IN MILK CRUST.

Milk crust, prurigo larvalis, or eczema faciei, in infants, can, according to Dr. Caspari, of Meinberg, be very successfully treated by the internal administration of lime water. From eight to twelve fluid ounces should be given daily. It may be mixed with milk, or sweetened. No local application is needed.

PULSATILLA IN AMENORRHŒA.

Dr. Pintschovius, of Ketzin, in a letter to the *Allegemeine Med. Centralzeitung*, January 30th, revives pulsatilla as an emmenagogue. He has found it a "sure and convenient article" for this purpose. His formula is

℞. Extr. pulsatillæ,
Herb. pulsat, āā. q. s. M.
Et div. in pill, 3 grs. each.
Sig.—One three times a day.

It is a remedy which once enjoyed some reputation in this country.

A CONVENIENT LOCAL ANODYNE.

Take of elastic collodion, one ounce; hydrochlorate of morphia, fifteen grains. Dissolve the morphine salt in the collodion. Spread, with a camel-hair brush, some of this solution on the painful part, and place some oiled silk over the spot. The effect is stated to be most satisfactory.

Dr. Houghton's Animal Mechanics.

A medical work not much read in this country, and not likely to be, in spite of its value, is the Rev. Samuel Houghton's "Principles of Animal Mechanics." It bristles with mathematical formulæ and represents the result of ten years' labor. He claims to have established the three following laws of muscular action.

1. In comparing different muscles, the work done in contracting is proportional to the weight of each.

2. In comparing the same muscle with itself, when contracting under different external conditions, the work done is always constant in a single contraction.

3. When the same muscle is kept in constant action until fatigue sets in, the total work done, multiplied by the rate of work, is constant. The last mentioned he calls the Law of Fatigue.

The Epidemics of 1873.

An interesting report on the yellow fever and cholera epidemics of 1873 has been made by Dr. Frank W. Reilley, Surgeon in the U. S. Marine Hospital service. The report was prepared for the Secretary of the Treasury, in accordance with a resolution of the Senate of the United States. Dr. Reilley states that from the month of February until the 21st of November, 1873, there occurred in this country 3769 deaths from malignant or epidemic cholera. During the same period of each year there occur about 21,000 deaths from diarrhœa, dysentery and cholera infantum. From May 23d, 1873, to November 29th of the same year, there were 3349 deaths from epidemic yellow fever. During the same period of each year, there occur an aggregate of 8500 deaths from the various malarial fevers. The last preceding epidemic of yellow fever was in 1867, and from its subsidence to the close of 1872, there were 970 deaths from the disease; but during the same period more than 50,000 persons had died of malarial fevers. For six years preceding 1873, there had been no epidemic cholera in the country, but during those six years the group of diseases mostly resembling cholera carried off 125,000 of the population. "And year by year," says the Doctor, "such more or less preventable diseases as small-pox, scarlet fever, typhus, enteric fever and consumption, are the causes of a tolerably constant average of over 100,000 deaths per annum." In regard to the origin of yellow fever, the mode of its importation into the Gulf States, and the specific modes of preventing and limiting its ravages, medical opinion remains as confused and conflicting, and medical skill as powerless as ever. That yellow fever is not epidemic in New York every year, the Doctor thinks is owing to the want of favoring conditions in the seasons themselves, as well as to the efficiency of the New York Board of Health.

A New Poultice

It is stated in our foreign exchanges, that a new form of poultice has been introduced to the notice of the profession by M. Lelièvre, a Paris chemist, which is proposed as a substitute for linseed meal. It consists of a substance extracted from the *Fucus crispus*, which can be preserved in sheets like paper. For use, a piece of suitable size is cut and dipped in warm water; it swells rapidly, softens, and can be immediately employed as a poultice. A very favorable report on the substance was presented to the Academy of Medicine by a committee who had used it, praised it highly, claiming for it the advantage that the poultices do not dry, do not slip from the place to which they are applied, have no unpleasant odor, do not soil linen, and can be used over again many times.

CORRESPONDENCE.

Treatment of Torticollis.

ED. MED. AND SURG. REPORTER:—

I must premise that there have been many wry-necks in this country, but I have reason to believe that I am the only practitioner who has directed the employment I am about to mention, that by subcutaneous puncture and plugging the puncture with nitrate of silver.

Fifteen years ago I was called to treat an obstinate torticollis affection of the neck, which had resisted the usual general and local means. Five grains of the nitrate of silver were inserted, by means of punctures, in the subcutaneous tissue of the sternal and clavicular muscles, twice a day, for two days, with the most marked and satisfactory results. The patient,

who for three weeks previous had suffered extreme pain upon the slightest motion of the neck, at the expiration of this period was able to move his head with slight inconvenience. Friction was ordered, with a stimulating liniment, as follows:—

℞.	Liniment camp, co.,	℥iv
	" glycerinæ,	℥iij
	Tinct. digitalis F.,	℥ij
	Tinct. aconiti F.,	℥ij. M.

Ft. liniment. To be used two or three times daily, and repeated during five days.

This removed all remaining disease in the affected part.

The next case was one in which no previous treatment had been practiced. It was recent; three applications of ten grains of nitrate of silver, upon three succeeding days, so effectually removed the constriction, pain, and tenderness, as to allow of the free use of the neck on the fifth day.

The third trial was made upon an obstinate wry-neck, due to contraction of the sterno-mastoid muscle, remaining after the subsidence of scarlet fever. The patient, a robust boy of fourteen years, after having been rendered motionless for fourteen days, by a severe attack of inflammatory scarlatina of the whole system, recovered under the proper treatment generally adopted in this febrile disease, with the exception of the wry-neck in question, which remained exquisitely painful, and tender upon pressure in one spot, of about one and a half inches in diameter, upon its outside and inner side of the sterno-mastoid muscle. The insertion of fifteen grains of nitrate of silver, every day, produced, in four or five days, a decided impression upon the contracted sterno-mastoid muscle of his wry-neck, and by the seventh day the symptoms were so far mitigated as to permit free motion in the neck. This patient recovered rapidly without any further medication, excepting, in addition, to apply a sufficient quantity of the above liniment on the surface of the neck, and under both axillæ, and to be repeated according to circumstances.

A fourth case, which had resisted the subcutaneous division of both muscles, the sternal and clavicular, assisted by the free use of the compounded camphorated liniment, yielded upon the fourth day, from the third application of the nitrate of silver, the patient expressing much satisfaction at the effects of the remedy.

Since treating the above cases, I had an opportunity of testing the good effects of the nitrate of silver in several other instances, and with great results, which induce me to entertain a very favorable opinion of its remedial powers in this affection, and I should think it best adapted to the recent and active grades of the disease. This seems to me to be important, inasmuch as the operations employed have effectually cured, at least, those cases, and I hope permanently.

John B. C. Gazzo, M. D.

La Fourche, La.

Medical Legislation in Vermont.

Ed. Med. and Surg. Reporter:—

Three bills, in the interest of Medical Education, Sanitary Matters, and Pharmacy, were introduced into the Legislature of Vermont at its last session. The first was modeled after the law of New York, with such modifications as were necessary to adapt it to the Green Mountain State.

There were serious objections to it among the fraternity, prominent among which was this, that it opened the door wide for making regular doctors of the whole illegitimate brood of quacks that perambulate the State, or are located anywhere within its limits. It required them to organize themselves into a Society, either County or State, but when so organized, their powers were fully equal to the Vermont Medical Society. Thus, the Homœopaths, Eclectics, and Spiritual Mediums, were all placed on a level with the regular physicians of the State, and could each, in their separate organization, legalize every species of quackery in the State. This was a serious objection to the bill. And yet, even with this objectionable feature, the law would undoubtedly have accomplished some good. Under its careful enforcement, some of the multitude of quacks, especially the peripatetic species, might have been driven out of the State. And besides, the tendency would have been, in all except the viler brood of so-called doctors, to elevate the profession generally, and to require some sort of education as a preliminary to membership.

But the "wise men" of the State, supposed to be such when sent to the Legislature, did not see it in that light. It was designed to build up a monopoly for the "regular doctors." It would give them some advantage over the Eclectic or the Homœopath. It would create a privileged class, and hence destroy the liberties of the people. These arguments were more potent than reason or common sense, and therefore the bill was dismissed with hardly a decent consideration of its merits.

So also with the bill to establish a State Board of Health and Vital Statistics. Its importance was conceded. Its value as a sanitary measure for the whole State, with reference to the various contagious diseases that are so prevalent among the people, in preventing and controlling them, was admitted. But it required the appropriation of money to carry it into operation. It was a job of the doctors. Money was freely voted for the publication of after dinner speeches, for addresses on war topics, for publishing transactions of agricultural societies, and for war pictures. But when a few dollars, less than two thousand all told, were asked for as a means of promoting the sanitary well being of the State, the cry of economy was potent to prevent the appropriation.

The Pharmaceutical Bill met with no better fate. A strenuous effort was made by its friends to secure its passage. Its merits and its necessity were acknowledged. It proposed to pro-

vide men of some little knowledge of Pharmacy and of Pharmaceutical preparations, to dispense medicines, and to compound prescriptions in the State. The law was demanded as a safeguard against imposition, and the sad mistakes often made by ignorant apothecaries and druggists. But all these arguments availed nothing against the notion everywhere prevalent, more especially, it may be, in this State, that everybody has an undoubted right to engage in any business they see fit, and that so long as they violate no law, or are not caught in the act, they should not be interfered with. Free trade is the motto in all that pertains to medicine, to the health of the people, and to the dispensing of medicines. The State throws around the liquor seller and the liquor drinker, a network of law, to prevent the one from engaging in the traffic in intoxicating drinks, and the other from drinking liquor to excess, or in any way, save as a medicine; but in a matter quite as important to the public health as the free sale of liquor, the "wisdom" of the State chose to leave the traffic open to all the ignoramuses that should see fit to engage in it. The wisdom of such legislation is difficult to understand, and still more difficult to appreciate. But so it is. The average legislator, on subjects which are intimately connected with the health of the community or the State, is a compound of ignorance, stupidity, and prejudice, and therefore utterly unable to perceive how it is that the highest welfare of the State is promoted by the good sanitary condition of the people. This is a lesson which can be learned only in the presence of a sweeping, fatal epidemic. When "the first born" dies in the household, the parents wake up to a sense of danger, but not sufficiently to demand the legislation which might aid in warding off the epidemic. L. C. Butler, M. D.

Essex, Vermont, March, 1875.

An Intra-Uterine Fibroid.

Ed. Med. and Surg. Reporter:—

The following case may prove of some interest to the profession, and herewith I present it.

July 7th, 1873, was called to Mrs. J. P., in labor with her second child, at about 2 P. M; found her to be a strong, well developed woman, native of Ireland, aged 35 years. Pains, vigorous and regular, head presenting, occiput to right sacro iliac articulation, nothing abnormal, apparently. Membranes ruptured spontaneously at 9 A. M., and a large quantity of water discharged, after which, on palpation over the abdomen discovered what I was pretty certain was two fœtuses, and of nearly equal size. The head at this time had made considerable progress through the canal of the pelvis, but after the rupture of the membranes no further progress was made, notwithstanding the pains were very vigorous. At 3 P. M., considering that further waiting was unsafe for mother as well as child, applied forceps, and delivered, in about fifteen minutes, a living male child. After the delivery of the child had been accomplished, introduced the hand into the uterus, expecting to find another, but instead, found a large sessile fibroid tumor, occupying the left cornu. Delivered the placenta, and as there were firm contractions and no hemorrhage, left tumor to nature; gave a few doses of Squibb's ergot, but no other medicine. She recovered in a short time, and suffered no inconvenience from the tumor.

November 4th, 1874, was called again to attend Mrs. P., in labor. Head presented in first position, and the labor lasted with no great severity for eight hours, when she was delivered of a boy weighing ten pounds. At this time could discover no signs of the tumor that caused so much trouble in the preceding labor; uterus contracted to the usual size, and was not in the least irregular in shape J. F. Pritchard., M. D.

Manitowoc, Wis., March 3d, 1875.

News and Miscellany.

COLLEGE COMMENCEMENTS.

Commencement of the College of Pharmacy.

The fifty-fourth annual commencement of the Philadelphia College of Pharmacy was held March 16th, at the Academy of Music. There was an immense audience, the house being crowded in every part, and many persons being unable to obtain seats. A fine orchestra, under the direction of Mr. George Bastert, was in attendance, and gave a pleasant musical performance before the opening and in the intervals of the exercises.

At eight o'clock the graduates, 86 in number, entered the stage from the green-room, and took seats at the front of the stage; following them were the Faculty and Trustees of the College, and a number of the leading physicians and surgeons of the city, prominent among whom was Professor Samuel D. Gross.

After an overture had been performed by the orchestra, the degree of "Graduate in Pharmacy" (Ph. G.) was conferred by the President of the College, Mr. Dillwyn Parrish, upon students from the following States:—

Pennsylvania, 52; New Jersey, 10; Ohio, 6; Virginia, 2; Delaware, 2; Georgia, 1; Wisconsin, 4; Tennessee, 1; Illinois, 1; Kentucky, 1; New York, 2; Canada, 1; Vermont, 1; North Carolina, 1; Texas, 1.

Prof. John M. Maisch then delivered the valedictory address to the graduates, after which a handsome portrait of Professor J. P. Remington was presented to the college, by the graduating class, the presentation speech being made by Mr. Robert Henry Walch, of Pennsylvania, a member of the class.

After more music by the orchestra, the large audience dispersed.

Woman's Hospital Medical College, Chicago.

The fifth annual commencement of the above institution was held on the evening of March 2d.

Prof. Byford, as President of the Board of Trustees, presented, with a brief but appropriate address, diplomas to the graduating class, consisting of eight ladies, all from the United States.

Mrs. Sarah H. Stevenson read a thesis on the "Evolution of the Heart," commencing with the mere cell, from which she ascended rapidly up through the vegetable kingdom and lower species of animals, to the heart of the mammalia, showing the various steps of development in the *modus operandi* of conveying the nutritive material to all parts of these various living organisms.

The same lady also delivered the class valedictory.

Notes on Prevailing Diseases.

Dr. Dusenbery, of Bradford county, Pa., writes, March 16: "We have had an epidemic of a form of pneumonia, attended with great tendency to collapse after three or four days' illness, which in some localities has proved very fatal."

Dr. Snyder, of Columbus, O., writes, March 14: "Six or seven deaths from small-pox have occurred within a few weeks in our city. A mild form of scarlet fever has also prevailed. Puerperal fever and erysipelas have caused quite a number of deaths in several small towns west of us."

Dr. Boone, of Tyler county, W. Va., reports a severe epidemic of influenza throughout that section.

Northern Medical Association of Philadelphia.

A stated meeting will be held at the hall of the Northern Dispensary, 608 Fairmount Avenue, on Friday evening, 26th instant, at 8 o'clock. (March 1875). Subject for discussion: On some defects of Voice and Speech, to be introduced by Dr. J. Solis Cohen. Medical profession cordially invited.

CHARLES CARTER, *Secretary.*

Presbyterian Hospital.

Dr. C. K. I. Miller has been elected physician to the out-patient department, vice Dr. Longenecker resigned. Drs. A. K. McDonald, of Princeton, N. J., and H. E. Westhæffer, of Lancaster, Pa., have also been appointed resident physicians for the ensuing year.

Personal

—Dr. Howard W. King, Surgeon General of Rhode Island, died in Providence, March 12.

—Dr. J. P. Wallace, of Lafayette, Ind., has been publishing some interesting letters on the climate of Colorado, in the Lafayette *Daily Journal.*

—Dr. J. J. Caldwell has removed to 70½ Saratoga street, Baltimore.

—Dr. Kingston, of Montreal, has been elected Mayor of that city, by a majority of over three thousand votes.

—Dr. Thomas H. Goodwin, a physician of Windsor township, York county, Pa., has been committed to prison on a charge of malpractice. His victim was a Miss Mary Eichelberger, of Lancaster.

—Dr. Wm. H. Taylor has been elected Professor of Chemistry in the Medical College of Virginia. He has performed the duties of the chair ever since the death of Dr. R. S. J. Peebles.

Items.

—The Medical College of Ohio graduated 102 students this Spring.

—It is stated in the daily papers, that two physicians of Mercer county, Pa., have been held for trial on the charge of violating a young lady while under chloroform. The account says she was not aware of the alleged attempt till she discovered herself pregnant!

QUERIES AND REPLIES.

Aseptin.

Several replies concerning this substance have reached us. Ziemssen (Cyclopædia, ii, p. 481) states that it is "a compound of boracic acid and cloves," proportions not given. A correspondent in New Jersey writes that a leading German druggist gives its composition—Borate of soda, 2 parts; alum, 1 part.

Callan's Elements.

Ohio.—Callan's Elements are a positive plate of zinc in dilute sulphuric acid, and a negative plate of iron in strong nitric acid. The nitrous fumes evolved by the latter element constitute a serious objection to the employment of this battery.

OBITUARY.

DR. MADISON MARSH.

We announce with much regret the death of Dr. Madison Marsh, of Port Hudson, La. It took place suddenly, on Feb. 21st, from cardiac disease, to which he had been subject several years, and the probable sudden termination of which he had looked forward to. His age was 65 years. Dr. Marsh was a close observer and a skillful practitioner. His articles in the REPORTER were highly esteemed and frequently quoted in European journals. Personally, he enjoyed the respect of all who knew him.

MARRIAGES.

MORFEE—WALTON.—On Thursday, Feb. 25th, by Bishop R. Paine, J. H. Morfee, M.D., of Okolona, Miss., and Miss Olivia H. Walton, of Aberdeen, Miss.

THE

MEDICAL AND SURGICAL REPORTER.

No. 944.] PHILADELPHIA, APRIL 3, 1875. [Vol. XXXII.—No. 14

Original Department.

Lecture.

ON PHARMACEUTICAL SCIENCE.

BY LAURENCE TURNBULL, M.D.

An Address, delivered before the Eleventh Annual Meeting of the Alumni Association of the Philadelphia College of Pharmacy.

It affords me much pleasure, as an alumnus of this school, to offer words of welcome to you, its recent alumni. It seems but a few years ago (1842) that the orator on this occasion received, from the hand of the Vice President of the College, Prof. George B. Wood, of the University of Pennsylvania, the degree of Graduate in Pharmacy, with fourteen colleagues, now, alas! reduced in number to six. The most severe loss, was the late distinguished Prof. Edward Parrish, who so well appreciated and acted upon the words of counsel delivered on that occasion.

The lecturer paid a beautiful tribute to the memory of Professor Edward Parrish, concluding it as follows:—

Prof. Parrish was popular with his associates, and was a delightful social companion, entering with zest into any harmless amusement. He possessed fine conversational powers, told a good story, was an excellent lecturer, and was beloved by his pupils. He was an honor to his profession, and we trust that his memory and good works will long be held in kind remembrance by the Alumni of this College.

This was the first time a non-medical man held the chair of materia medica in this college, and we regret the change, for two reasons. 1. Therapeutics, toxicology, and the physiological knowledge of the use of medicines is less dwelt upon than formerly, and it is less a preparatory school for medical students. 2. It is a loss to Philadelphia as a training school to supply the professorships of materia medica and chemistry to our medical schools. It is a matter of congratulation, both to the college and to those who have graduated in medicine, that, so far as I have known, they have all practiced their profession with credit, and have made an honorable record, while some have won a distinct and elevated niche in the temple of Fame.

It is with particular pleasure, at this time, I refer to Dr. Joseph G. Richardson, a graduate of the Philadelphia College of Pharmacy in 1857, who has made, during this last year, one of the most important advances in forensic medicine. By employing a micrometer and the higher powers of the microscope, he has shown that a distinctly recognizable difference exists in the size of the blood-cells of man and other mammalia. Even in London, this great discovery has been recognized, and a high compliment paid by the *Lancet*.

Pharmacy is still young in the United States, and upon your efforts will, in a great degree, depend its future success. From the credit you have already acquired, in the examination through which you have passed, I am persuaded you will not neglect your duty to the science, while your application to its study gives ample promise that you will do signal credit to the profession you have adopted. The bright examples set before you, in the lives and labors of Professors Parrish and Proctor, must stimulate each one of you to aim at a high professional reputation. Obstacles you will meet in your

path, but these must be encountered and overcome.

Your responsibility is equally great with the physician; united, we become a mighty power for good or evil. The skill of the pharmaceutist should be seen, first, in being able to determine whether the drugs furnished are pure, fresh, and of full strength; and by his chemical knowledge to detect any spurious or adulterated article, and to furnish such medicines as are ordered by a written prescription of the physician, in the best and most attractive form.

The daily increasing number of manufacturing pharmacists prove that, as a body, chemists and druggists are becoming less dependent on themselves for the bulk of pharmaceutical preparations. Still there are many processes for special remedies, requiring careful detail, which every pharmacist should take pride in performing himself.

In the field of chemical investigation and analysis, the facilities and appliances which your well appointed laboratory affords should be cherished and improved upon, on entering upon your appointed work; a small room should be appropriated for this purpose. No matter how satisfactory and trustworthy may be your source of supply, it will be found prudent to estimate the value of a sample of cinchona bark, or assay a parcel of opium. It is to the pharmaceutical chemist in the small towns that the medical man will send his urinary deposit, etc., the farmer his soil, guano and superphosphate, and the householder his well water. Should he be situated in a mining district, the analyst will have metallurgical work, ores, etc. In this way he may make an addition to the pharmacist's income. The pharmaceutical chemist should have a good microscope. It is often the only means possible of detecting the sophistications of medicinal substances, and in the analysis of water, food, oil-cake, etc. In the study of botany and physiology of plants, he will find it indispensable.

Our College has made much progress, during the last thirty-two years, in its chemical and pharmaceutical department; but there is, I think, with all due deference to those in authority, another department that has been left to languish; I mean a thorough knowledge of *the physiological action of medicines upon the healthy, and also the diseased, bodies of men and animals.*

We cannot impress too strongly upon your minds, young graduates, the fundamental truths, that direct observation, experiments, and experience, on the effects of drugs and medicines, are the only possible foundation of therapeutics.

In conjunction with this knowledge of the physiological action of remedies, should be associated a full outline of toxicology, so as to aid the physician in cases of poisoning, or in his absence, in a case of emergency. It is considered necessary to study the poisonous effects of drugs upon man and animals, in order to understand their true physiological action.

A knowledge of *the action of medicines* upon the healthy organism should be gained; also the influence of age, sex, constitution, individual peculiarities or idiosyncrasies, the influence of climate, water and occupation.

To give a few illustrations: the doses of cathartic medicines which are habitually used in the North or Temperate regions, would be injurious in the far South, or in tropical climates.

Ipecacuanha, taken into the system in the minutest doses, may occasion violent coryza, or, as in the case of the writer, such a spasm of the bronchial tubes as to resemble spasmodic asthma.

Mercury, in the form of calomel, blue mass, etc., when administered to certain individuals, will excite ptyalism, or produce nervous prostration, while in others, it will act as desired.

The sulphate of quinine will induce, in some rare cases, delirium, or mental excitement, even when given in very moderate quantities, while in others, it acts like a charm.

Opium, or its salts, such as morphine, will cause wakefulness instead of sleep; the same agent, being given in laudanum, paregoric, or opium in the solid state, will check diarrhœa; and yet it is given in large doses, with favorable results, in the obstinate constipation of lead colic, peritonitis, mania-a-potu, etc.

The wonderful tolerance of opium in certain cases of disease is a recent discovery, yet the practitioner of medicine of the present day will venture on even one hundred grains of opium per diem, in a case of peritonitis, or grain doses of sulphate of morphia hourly continued in a (severe) case of dysentery.*

In a case reported by Dr. Joseph Parrish,† a patient of his, who two years before had suf-

* Essay on Conservative Medicine. By Austin Flint, M. D. Philadelphia, H. C. Lea, 1874, p. 29.

† *The Probe*, No. 1, pp. 7, 8, Philadelphia, January, 1859.

fered from neuralgia, and who employed for relief a solution of morphia hypodermically,* yielded to the fascinations of the drug until it ruined his health and prostrated his business. He began with the use of one-eighth of a grain, the usual dose, and increased it to five grains of the drug per day, or forty doses in one day. The morphia, measured by its equivalent quantity of laudanum, would equal about one thousand drops daily, or a little more than four tablespoonfuls.

Then, again, the apothecary is often blamed, that a blister he has spread with care, and of the best materials, will not vesicate. He may be able to relieve the mind of his patient or friend by informing them that it was owing to the state of the system, as in the cold stage of periodical or pernicious fever; or in the collapse of cholera it will produce no impression, while the opposite state may be induced—that of too much action with great pain. If the same blister is employed on an erysipelatous portion of the skin, or on a very young child, it will induce mortification or troublesome ulceration.

Tartar emetic is one of the most powerful agents to produce emesis, yet, when the patient is in a state of coma from a diseased brain, large doses have little or no effect; but as soon as the brain is relieved, the minutest quantity will excite violent action upon the stomach. In cholera and yellow fever, mercurials may be administered in large quantities without producing any of their constitutional effects.

Iron and its salts are most useful in anemia, because they supply an important element of the blood which is absent; while, if employed in health, they create an excess of the same element, and a disturbance of the brain, with pain and fullness.

It is also to be remembered that many medicines do not affect man and the lower animals alike; they may be poison to the former and food to the latter. As, for instance, during the late epidemic of lung fever among horses, aconite, in the form of tincture, was administered with good results, in drachm doses, while to the human subject, five to ten drops is a full dose.

The Distinction Between the Apothecary and Physician.

The distinction between the well-qualified apothecary and the physician we have always recognized and unreservedly maintained; never usurping each other's functions. The union should be like that of man and wife; one in heart, one in object, yet always distinct, each giving honor to the other. The distinction should be as clear, as the honest and upright conveyancer and lawyer. The lawyer is distinct, and yet the conveyancer should have a knowledge of the laws of real estate, but should not exercise its full function unless in the absence of the lawyer, or where there are none. This characteristic of the two professions, pharmacy and medicine, should be kept up, and should never be joined to the physician, unless in very sparsely populated districts, where the physician will have to be pharmaceutist.

Druggists' and Physicians' Mistakes.

It is human to err; we are all liable to it, physicians as well as druggists, and yet it is a subject on which we ought never to be weary of warning those who come after us, so that they fall not into the same errors. It has been somewhat unfortunate that it has happened, within the last few years, that several painful cases of death have followed from the putting up of the wrong article in a physician's prescription.

In a recent case, a young apothecary, aged nineteen, killed himself, from a want of knowledge of the dose of tincture of aconite, and unfortunately no means were employed to save that valuable life, either from a want of knowledge of the agents to be administered, or a non-belief in the words of the young man, thinking it was all a joke that he had taken so large a dose.

Loss of sleep, an attack of indigestion, or preoccupation of mind, will cause this difficulty. It should be both our duty and pleasure to thank the druggist for bringing us a prescription in which we have forgotten some item, or ordered incompatibles, or too large a dose of one of those articles which we all know will poison.

On the question, is woman capable of becoming an apothecary? we answer in the affirmative; that if properly educated, and having the requisite amount of mental and physical health, she is capable of performing all the duties devolving upon her. We find that the right of women who have successfully passed the usual examinations to receive certificates to become licentiates of the Society of Apothecaries, in England, and to practice as apothecaries, is fully recognized by a new apothe-

* "Hypodermic," or under the skin.

caries' act passed by the British Parliament, which has received the Royal assent.

There is not much speaking and writing about woman's rights in England, but it would seem that they are gradually becoming recognized by the law. There is no earthly reason why women should not compound a prescription (which none but licentiate apothecaries are authorized to do).

We notice in the *Medical Times*, February, 1875, that Madame André has received from the examiners of the Montpellier School of Pharmacy their diploma, which qualifies its possessor to practice the art in France.

At the Medical Institution* with which the lecturer is connected, we have a female apothecary who has performed all the duties to the entire satisfaction of the medical and surgical staff for the last twelve years. She often has required cool nerves, and clear judgment, with a large amount of active toil. She has compounded in one day one hundred and sixty-two prescriptions, and also labored without cessation for thirteen hours. She never compounded a prescription until she was twenty-four, all her instruction being gained from her father and husband, the latter being an invalid for many years, and she not having the care of children, devoted her time to him, taking his place in his store.

So far as we are aware, she never made a serious mistake; and only in one instance was she unable to make up the prescription sent her.

The following are her views on this subject, expressed in writing to me:—

"There are many reasons why a woman should make a good pharmaceutist. Of course, she needs to serve a thorough apprenticeship, to have the advantages of the lectures at the College of Pharmacy, the encouragement of kind physicians to study, and the certainty that she will procure employment.

"Those who present themselves as applicants must be women who will be reliable, conscientious, intelligent, and well educated. In this way, they can hope to have the support of the faculty. Such competent women, if once educated as pharmaceutists, would gain the respect of the community by their habits of order, cleanliness, exactness, and economy.

"In these days, when manufacturing chemists relieve the apothecary so much, there cannot be the plea that the work is too heavy.

* Howard Hospital, Philadelphia.

"Again, the objection has been raised that a woman as an apothecary would come in contact with indelicate things, and be asked for articles which are unpleasant to sell; has a woman who buys any less trial, in going to a drug store to deal with men?"

Patent Medicines.

Patent medicines are made and sold throughout the United States, to an enormous extent. It is one of the royal roads to wealth or ruin, for men who are perfectly ignorant of the nature of disease, or the structure of the human body. They copy a physician's prescription, or a recipe from a last year's almanac, and ostentatiously advertise the compound as a specific for dyspepsia, consumption, and all the diseases flesh is heir to. In our city and in New York, we have known of the most ignorant pretenders who have made hundreds and thousands of dollars in this way.

In traveling by rail in the United States, the most beautiful views are disfigured by these advertisements. This system of advertising might be supposed to affect the printers injuriously; but as a matter of fact, the revenues of the newspapers, more especially in country places, are very materially augmented by the advertisement of patent medicines. The fact of a patentee's having caused a recommendation of his monopoly to be painted or smeared upon every fence in the Union would not induce him to expend one dollar the less in advertising in the newspapers. I have read that a celebrated New York quack devotes the enormous sum of $200,000 a year to advertising expenses alone. We have also been informed, on most reliable authority, that in many instances large sums have been *lost* in this way, and indeed the engineers of such advertising schemes require a deposit in advance, of several thousand dollars, even to make the attempt to introduce the new remedy. No matter whether it has merit or not, that is of no consequence; what is required is a large sum of money to commence and to continue to keep the matter before a gullible public. The ingenuity of the advertisers is sometimes such as to suggest the idea that they might have realized a fortune in a more legitimate and honorable way.

The speaker concluded by referring to the various measures which have been suggested to modify or do away with this crying evil. He desired that the measures which are now taken

in our Legislature to have an abstract of the composition of all "Proprietary Medicines" placed upon the wrapper, under a penalty, should be successful, but he was fearful that the money of the quack, and the influence of the press, would prevent its passage, as no class of advertisers pay such large sums as do the patent medicine men.

COMMUNICATIONS.

ARE DISEASES COMMONLY CALLED "MALARIAL" CAUSED BY A "SPECIFIC POISON?"

BY J. B. MORRISON, M.D.
Of Maryville, Mo.

This question has been answered in the affirmative for so long a time, that it seems like fool-hardiness on the part of any one now to doubt it, or to raise the question. In fact, the opinion is so old and venerable, that most physicians take it for granted that no such question can longer be raised.

Now whilst the writer of this does not positively answer in the negative, he yet believes that the question may be asked in good faith. With all the wisdom, experience, experimentation and philosophizing of years, the profession are still unable to prove by the microscope, by chemical tests, or in any other way, the existence of an entity, which is *supposed* to exist, and which is called malaria or miasm.

I admit that the various emanations from the soil have an effect upon the health of individuals and of whole communities, but this does not necessarily prove that there is a specific poison, which is supposed to exist, and which is generally called by the names malaria and miasm. Any impurity in the air that we breathe, or *any disagreeable odor*, will disturb our nervous systems, and, directly or indirectly, our whole organizations, and render us less able to resist all influences that tend to produce disease or sickness. The degree of disturbance will, of course, depend upon the degree of their offensiveness, the length of time continued, and the power of the system to resist their influence. But we do not always find that the weakest individuals of a community or of a family are those first attacked by malarial diseases, even when, so far as we are able to determine, the exposure to its cause, if it be a miasm, is alike in the individuals of such community or family. Frequently we find that the strongest, the most robust, most energetic, most hardy man of the family, is the first to succumb to "chills and fever." I believe that in these cases it invariably happens that such individuals are more careless about protecting themselves from the cold and dampness of the mornings and evenings, by putting on a coat, or by other precautions, thus subjecting themselves to greater and more frequent changes of temperature. I can scarcely avoid believing that it is the depression caused by the cold and dampness of the mornings and evenings, frequently repeated, that causes ague, rather than the introduction of a specific malaria into the system. I am led towards this belief by my own personal experience, as well as by experience in treating it in others.

It will be objected to this, that the malaria enters the system through the skin, and that its introduction is more rapid in persons who are thinly clad, than in those well protected by clothing; but I cannot see that the evidence is any greater in favor of this than in favor of the opinion that I have just expressed.

If a person lie upon the ground for an hour or two, and especially if he sleep, and if the ground be somewhat damp, why should he be troubled a few hours afterward with swollen cervical glands, tonsils, etc., and with headache, lassitude, etc.? Is it because of the emanations from the soil which he breathed whilst so lying? I can hardly believe it. It would rather seem to me to be due to the effect of the coldness and dampness of the ground, primarily upon the nervous system. It is possible that they change the magnetic relations of the different parts of the system, or of the different portions of the different organs, or of the cells or molecules composing the tissues of the body. We know that cold, heat, and moisture, do have an effect upon the magnetic relations of the atoms of matter. We see this in crystallization, etc.

It is claimed, and it is true, that a single night's presence on one of the rice fields of Georgia, will result, in a person who is not acclimated, in a severe attack of malarial fever, and mostly of the congestive type. It is claimed that the malaria is so concentrated that it can produce this effect in a few hours' time; and that it enters the system by the skin, as well as by the lungs.

Now, is it not more likely, that exposure to the cold and dampness of the rice fields at

night, at this particular season, when the system is unaccustomed to a low temperature combined with moisture, takes a greater part in causing ague, than the introduction into the system of a specific poison? especially as it is said that the same individual may remain on the rice fields during the day, if he avoid the night, and not be affected. It is claimed that the sun, breezes, etc., of the day, either destroy the poison, or carry it away, or both. Now, if there be no poison, or but little, there during the day, is it possible for it to accumulate in so concentrated a form as to produce this severe result in a few hours' time? This scarcely seems possible.

It is also claimed that malaria will not pass through a thick woods. Why? It must be because the air itself, of the bog, cold and damp as well, will not pass through the woods, else it would carry with it the infinitesimal particles of the poison. The woods probably serve to protect from the cold and dampness of the bog, as a blanket protects from the evil effects of a draft when suspended between an open door or window and one's back and neck.

Acclimatization may be nothing more or less than becoming accustomed to the temperature and dampness of a district, commonly called malarious. As a rule, we find that the difference between the heat and dryness of the day and the coolness and moisture of the night is much greater on low damp ground, than upon high ground, or land of a dry nature; and a person who is accustomed to the difference of the latter may not be able to endure that of the former without succumbing to "chills and fever."

We all know that a day that might be called cold in October, would be called warm in January; and if one of the hot days of July could be thrust upon us in January, probably not one of us could survive it; simply because we must gradually, by a gradual change of seasons, become accustomed to the heat of summer and the cold of winter.

The later theory concerning the action of quinine seems to support my theory that ague is a result of derangement of the nervous system, rather than of the presence in the system of a specific poison.

Fever is now regarded as the result of increased disintegration of the tissues; and a disturbance of the nervous system by exposure to the coldness and dampness of low grounds at night, in the fall of the year, it is very reasonable to suppose, will cause increased disintegration of tissue and diminished excretion. Chill is an attendant of fever. Fever already exists when the chill appears. The temperature of the blood is actually increased. It may be 104° or 105°. The patient feels cold, but this is owing, probably, to the disturbance of the proportion existing between the temperature of the body and that of the surrounding air. With the temperature of the body at 98°, and that of the surrounding air at 60°, we are comfortable; but raise the temperature of the body to 104°, that of the atmosphere remaining 60°, and a chill results. Disturb the proportion in this way, and a chill invariably results.

Quinine is hardly an antidote to this poison called malaria, which is supposed to exist, but it is a tonic to the nervous system. It tones up the system to a high degree of resistance; and it should be given with a view to time, rather than to quantity. It should be given at such time or times as that the system will be under its influence at the period of the return of the exacerbation, and thus be able to resist it and break up the periodicity. The periodicity once broken up, a great deal is gained, in fact, the backbone is broken.

Quinine also stimulates the different emunctories, so that the products of disintegration are the more rapidly carried out of the system. Now, if quinine is an antidote to a certain poison supposed to exist, why will not large quantities of it destroy the poison? They will not do so. Much less quantities, properly timed, will accomplish much more good; but not as an antidote.

As I said at the beginning of this article, I do not deny that the emanations from the soil have an influence upon health and disease; every one knows that they do have such an influence, but they do not always have the same influence upon different individuals, or upon the same individual at different times; they do not always produce the same form of disease. Now if there is a definite, specific poison, such as we call malaria, why does it not produce a definite and specific result? I am answered, because the differences in individuals—their resistance, etc.—modify the effects of the poison. I ask, then, why cannot we account for ague, remittent fever, etc., by supposing that the nervous system of the individual is depressed, deranged by exposure to the cold and dampness

of the mornings and evenings on low, wet or moist ground, to which the individual is a stranger, with just as good reasoning, as that it must be owing to a specific poison that enters the circulation?

I believe that the nervous system, primarily and secondarily, directly and indirectly, has a much greater influence over health and disease than many seem willing to admit. I know that grief, fear, etc., do produce great derangements of health, and often actual disease; and I know that offensive odors, whether actually poisonous or not, will take away one's appetite, and if long continued, will cause an attack of sickness. I do not regard the nervous system as simply an effect of the action of matter. It is more than an "effect." It is a "cause;" and it is, by very many, greatly under-estimated.

THE U. S. NAVAL MEDICAL SERVICE.

BY F. HORNER, JR., M. D.,
Of Salem, Va.

Among the numerous readers of the MEDICAL AND SURGICAL REPORTER are a class who may seek position in the Medical Corps of the United States Navy. As they are for the most part students in the Colleges, and young men ambitious to seek preferment in Army or Navy, it has occurred to the writer to prepare the subjoined article for the information and encouragement of this class.

The Bureau of Medicine and Surgery of the United States Navy Department was first created by the appointment of Dr. Balfour, of Norfolk, Virginia, as Chief, under the Naval Commissioners appointed by the Government, to organize our present Naval System. Unlike the "Line" officers, who are educated at the Naval Academy, Annapolis, at the expense of the Government, medical officers are self-educated. They compose more than one hundred and fifty Assistants, Passed Assistants, and full Surgeons on the active and retired list. Since a late Act of Congress was passed, defining the rank and compensation of Surgeons, the position has become desirable, especially to those who may desire to commence medical and surgical practice in a wider field than is usually offered in civil life. Besides having, also, the advantages of foreign travel, they have an additional incentive, of promotion as Medical Directors and Fleet Surgeons. As a class, this Corps consists of men, for the most part, talented and well educated, and may claim for several of their number, such as the late Elisha Kane and Professor Harrison, of the University of Virginia, distinction of the highest order.

The permission to appear before the Naval Board of Examiners is obtained usually by a member of Congress, who recommends the claims of the applicant to the Hon. Secretary of the Navy. This examination is held at the Naval Asylum, Philadelphia, about the close of the Collegiate session. The Board is composed of the most distinguished surgeons of the Navy. The candidate seeking admission must have received a liberal education in the classics and modern languages, and be possessed of a well grounded knowledge of the theory and practice of medicine and surgery, and kindred sciences, and with the rules and regulations of the Navy. The Examiners have a high standard of merit to which the applicant must attain, before he is recommended for acceptance by the Navy Department. At the expiration of five years, during which period the Assistant Surgeon must have been three years on active sea service, and have kept a journal of practice, and have obtained the written recommendation of the senior Surgeon on board of the vessel, in testimony of good conduct and professional fitness, he is examined the second time, to be promoted, if worthy. This second examination is necessarily more rigorous than the first, since the status and character of the party will involve the future honor and integrity of this branch of the public service. The Naval Surgeon rarely regrets his choice of profession, and soon acquires a taste for nautical life, to terminate only with death. On shipboard, besides professional duty, he has sometimes, in the absence of the Chaplain, if humane and considerate of the fact that he bears the mantle of the "Good Physician," the opportunity to warn reckless seamen against the evils of intemperance, and may be privileged, in the time of fatal epidemic disease, to proffer to the dying the consolations of religion.

The medical Corps of our Navy has members who contribute from time to time to current periodical and book literature. The most eminent authors are Surgeons Ruschenberger, G. R. B. Horner, Foltz, Clymer, Wilson and Wales. Among the volumes published by these gentlemen have been Treatises on Surgery, Comparative Anatomy, Reports of Medical and Surgical Cases on Shipboard and in Hospitals, Botany and Naval Hygiene, and lastly, Medical Essays;

compiled from Reports to the Bureau of Medicine and Surgery, and printed in 1872.

While these contributions may not equal the more elaborate and expensive productions emanating from the Surgeon General's office of the United States Army, they betoken at least a commendable zeal and industry on the part of the authors, and furnish evidence of their talents and erudition. As yet, it is to be deplored that the authorities in Washington have not encouraged the establishment of a Naval Medical Museum, or one like that at Greenwich, in England. On the occasion of the approaching Centennial Exhibition, foreigners will not be slow to detect our deficiencies in this particular.

Hospital Reports.

BELLEVUE HOSPITAL MEDICAL CLINIC.

BY WM. H. THOMPSON, M. D.,

Professor of Materia Medica in the University of the City of New York.

The First Stage of Phthisis.

The stomach, in phthisis, is somewhat involved in many cases, so much so that the attending physician will have a good deal of trouble at the very beginning of the disease. The patient will not be able to take cod-liver oil, and will be nauseated upon very slight provocation.

Now this is a very serious matter with the patient in the beginning of the disease, because the main object is to nourish him, so that he may be the better able to bear up against the ravages of the disease; and if at any time the phthisical process can be arrested, it is at the beginning of the complaint. Now, if in addition to the indications of phthisis, there is an irritable stomach, you have a greater difficulty to contend with than during the ordinary progress of the disease.

For a long time the lecturer thought it rather singular that this class of cases would, every now and then, appear. He remembered the case of a gentleman who said he had been vomiting his food for a year, and he had no suspicion that anything was wrong with his lungs. On examination of the mouth, the throat was found to be intensely congested. Whenever there is a congestion of the throat in a dyspeptic patient, the lungs should always be examined; for it is more than probable that the patient is affected by phthisis, although he may never have coughed at all. Nevertheless, in these cases, the lungs should always be examined. He did not know how it is that congestion of the arch of the palate has more to do with lung trouble than congestion of the palate itself; but if phthisical patients are carefully examined, it will be found that the lower part of the arches of the palate, and not the mucous membrane of the pharynx, are congested. If the whole pharyngeal mucous membrane is found to be congested, and the lung is examined, and there is a change at the apex of one or the other lung, the question is, why the vomiting? He had seen it put down in books, that in these cases a disease of the stomach sets in as early as the affection of the lungs begins. Notwithstanding this, he had come to the conclusion that the vomiting is due to a deposit growing in the bronchial glands, at the root of the lung, which press upon the pneumogastric nerve. At the same time they cause this congestion of the pharyngeal mucous membrane, there will be present a reflex irritability of the palate, of the uvula, and of the pharynx; so that it is difficult to use the laryngoscope well, no matter how carefully it is applied, without causing gagging and vomiting. These patients are thrown into a paroxysm of coughing sooner than others, by change of air, dust in the atmosphere, or by any sort of irritative causes which may come in contact with the parts affected. Such persons will also be affected in the same way by going into a very dry or heated atmosphere, or by passing suddenly from it into the dry and cold air.

For the relief of this trouble, the Professor has been in the habit of applying dry cups between the scapulas. He has found it, during the last two years, of invaluable service.

A patient was present, having the following history:—He has coughed very severely, and it has almost always been attended with vomiting. He had not examined the lungs. He has been affected in this way a long time, with the exception of a short period at the commencement of the disease. His throat was intensely congested. Has had an abscess at the root of the tongue, so as to make it exceedingly difficult for him to open his mouth, doubtless involving the submaxillary glands, and producing dyspnœa. An application of dry cups had previously been recommended. It stopped the vomiting at once. An abscess was then formed, and after it had discharged its contents, he again commenced to vomit, which was again arrested by the same means.

There is no other kind of vomiting, said the Professor, that may be stopped by applying dry cups between the shoulders, but this. There are many other causes of vomiting. He had tried cupping, for diseases of the liver, but never found it to do any good; but in this form of vomiting he had never seen it fail. Thus patients, by this means, may be enabled to take cod-liver oil, and other articles of food or medicines which may be found necessary for nourishing purposes. In this case there is an increase of the bronchial breathing, and it is so much higher in pitch than normal, that a diagnosis of enlargement of the gland is very probable.

The subject which he wished particularly to speak of at this time was,

The Treatment of Meningitis;

cerebro-spinal meningitis; a very formidable disease, and frequently occurring in different parts of this country, and sporadically in almost every part of this country. It occurs as an epidemic, without any appreciable reason, in the oldest districts. In the case of spinal meningitis, without much cerebral disturbance, the diagnosis is very obscure; but one symptom is almost invariably present, an illustration of which was seen in the patient present, namely, a severe pain in one or both limbs; sometimes only in one. Every movement of the limb is accompanied with excruciative suffering, and the patient is unwilling to be disturbed. There is no particular swelling of the limb, but attempt to move it, and the strongest man so afflicted will cry out in agony. There is no special tenderness unless it is moved. If you do not move the muscles, you can press them quite firmly without inconvenience to the patient. The majority of patients are rather relieved than otherwise by friction. Along with the pain, there will sooner or later occur a stiffness of the muscles that are affected, and occasionally they are seized with clonic spasms, as has been in this case. If it extends over all the muscles of the back, their movement will be equally painful with the movement of the muscles of the limbs. Usually the muscles of the back are not involved. When they are, there is a tendency of the patient to be drawn backward, so that there will be opisthotonos. If it involves the muscles of the neck alone, there will be a flexion of the head backward to a very marked degree.

There are cases in which there will be only one muscle involved. But if you find such a case, where the movement of one muscle gives excruciating pain, such pain points pretty strongly towards an affection in the spine of a meningeal character, not of the substance of the spine itself, but simply of the meninges.

There is one other symptom which is very important, and which will affect the diagnosis, and that is this: When these shocks of pain occur, the breath is also involved in some degree. The patient thinks it is the pain that takes away his breath, but there is no other kind of pain that will take away the breath. A person may have an exceedingly painful joint, he may have peritonitis, yet the breath will not be stopped or interfered with. A case occurred in the private practice of the Professor, which illustrates the point alluded to in a beautiful degree. Whenever the respiration is involved, it may be looked upon as pathognomonic of cerebro-spinal meningitis. When this symptom occurs, it may be looked upon as an unfavorable symptom. The majority of cases die, but if the character of the disease has been recognized in its earliest stages, and combated by proper remedies, the result will be better. He has had, within the past year, three very severe cases, two of which recovered, the third will probably get well. The same circumstances occurred last year. He has received letters from graduates of this college who have had variable success. One wrote him that out of thirty-six cases of cerebro-spinal meningitis, thirty-six died.

His recommendation is that when a true case of cerebro-spinal meningitis is made out, the idea that blood-letting will kill the patient, or not do him good, should not stand in his way as an insurmountable bugbear, for it is not so. He did not believe there was much chance for a man to get well unless blood-letting from the spine is performed with heroic intent. Leeches along the spine should be thoroughly applied, which will usually be followed by marked and speedy relief. He usually begins with one, then, if necessary, apply two, three, or more; sometimes as many as ten have been applied. This should be repeated every day once. It is not in the amount of blood that is drawn, but there is no disputing the fact that the leech relieves the patient. He had tried to substitute cups for the leech, but he found it did not do as well. The cup is necessarily more painful, and you cannot disturb the patient to a degree required to apply cups. They should be applied the whole length of the spine, and in this case the cup would be a very serious affair, whereas leeches can be applied easily.

Sometimes in this disease the bladder becomes very irritable. Leeches applied over the region of the groin will stop this irritability in a very short time. As soon as the leeches have been removed, ice should be applied with ice bags. Apply them all the way up, as high as the middle dorsal vertebra, the nape of the neck, or if necessary, to the head. Sometimes when ice is applied, there will be a difficulty in breathing; but so long as that is absent, continue the application of ice.

Another point in connection with this disease might be mentioned. Be very guarded in saying anything encouraging to the patient, on account of the remission of unfavorable symptoms. It is an exceedingly treacherous disease in that respect. The patient may seem to be perfectly well. Sometimes he is smiling and laughing as in health; tells the physician that he feels as well as he ever did, that the pain is gone, and he feels all right. But the next visit of the physician may be to witness the body of the patient instead of the living one. He had known patients who felt well, and had been in that condition for some time, then there would be a recurrence of the disease, and they would die.

In addition to the treatment of the spine, locally, he rubbed up on the body oleated mercury. He had seen some very excellent results follow its use. He was free to say that he had not much faith in internal medication for this disease. The iodide of potassium has been given so largely and freely in these epidemics, and the patients have so generally died, that he could not believe in its use to any extent. He did not believe in medicines which fail so ex-

tensively; and yet it is about the only one which seems to hold out a chance of doing the patient good. Conium is prescribed by the professor; it is a good thing in all kinds of meningeal inflammation. By its use the patient is markedly relieved. It should be given in doses of fifteen drops to twenty or thirty drops of the fluid extract of Squibb. If fifteen drops do not give much relief, it will be found that twenty-five drops will. If there is a great amount of pain, opium may be administered. There is one remedy which may be given whenever the respiration seems to be involved. The majority of these patients die, if they die at all, within the first week of their sickness. And the reason is, that their respiration is impeded. They die from pure suffocation. They feel a sense of constriction about the chest, and are seized with a well defined terror. When this occurs, the bromide of potassium should be given; it will control this difficulty better than any other remedy that he knew of. He once had a patient who was on the verge of dying from suffocation. He administered thirty grains of the bromide of potassium, and in twenty minutes the same quantity repeated, until he had taken seven hundred grains in the course of twenty four hours; and after each dose it seemed that within from five to ten minutes the suffocating symptoms would be relieved. The effect would soon pass off, and the remedy would have to be repeated. In a case of tetanus, with difficult respiration, he had given seven hundred and fifty grains of bromide of potassium in twenty-four hours, and the patient recovered. For several days he would become black in the face, and it was a most pitiful sight to see him. The doctor gave him bromide of potassium per rectum and subcutaneously, and he finally got well. It was some forty days before he had complete control of his legs.

The professor continued his lecture by a consideration of the subject of hemiplegia, in which he presented some original illustrations with regard to the co-ordination and vicarious action of muscles.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY, STATED MEETING, February 24, 1875.

Dr. Francis Delafield, President, in the Chair.

Stricture of the Colon.

Dr. Weir presented a specimen of stricture of the transverse portion of the colon, which necessitated the operation of lumbar colotomy, with a history as follows:—

A woman, aged fifty years, gave a history of colicky pains at intervals, and constipation, the stools being clay-colored. The patient was attacked on January 3d, with vomiting and intense colic. On arriving, the doctor found the colon distended, and dull above the umbilical region. The pain was controlled by acetate of morphia, and enemata were given, which relieved her. On February 10th she was similarly attacked; the injections were again resorted to, but the two quarts that were injected failed to give the desired result. A rectal bougie was introduced, and passed readily to the sigmoid flexure, where it met with an obstruction. A consultation was then held, and it was decided to make an exploration, by introducing the hand through the anus, as was first performed by Simon. It was accordingly introduced in the shape of a cone, without stretching the rectum. On reaching the sigmoid flexure, no abnormal tissue could be detected, and on pushing the tips of the fingers further up, they touched the right kidney. After the examination was concluded, the patient gave signs of collapse, indicated by pallor of the skin and feebleness of the pulse. The operation of lumbar colotomy was performed, in order to relieve the urgent symptoms which existed. A large amount of serum and fæces were discharged from the wound after the operation. She rallied; her skin became cool, and it was thought she would recover, but she died the next morning, at 2 o'clock.

Autopsy.—Through the centre of the transverse colon a stricture was discovered, and in the fluid fæces an orange pit was found. It was a question whether the presence of the foreign body had anything to do in producing the stricture. The gall-bladder contained a calculus which occluded its outlet. The anus was not lacerated, but an ecchymosed condition of the parts could be traced to the beginning of the sigmoid flexure. The peritoneum was slightly torn, that part reflected from the uterus to the anterior surface of the rectum. In reference to the introduction of the hand through the anus into the bowel, Dr. Erskine Mason remarked, that when the obstruction was of long-standing, it would be liable to produce injury.

Dr Weir said that the size of the hand of the operator should be taken into consideration.

Oxalate of Lime Calculus.

Dr. Keyes presented an oxalate of lime calculus, which he extracted from the urethra of a country physician, who had suffered from renal colic at two different periods, but had never passed a calculus. One day last June, he found he could not urinate. A country physician was called, and attempted to catheterize the patient, but owing to an obstruction in the urethra, he did not succeed in passing the instrument. Its withdrawal was followed by a flow of urine. Two months later he consulted Dr. E. A. Maxwell, of this city, who succeeded in passing a catheter into the bladder, and first detected the presence of a stone in the urethra, by a sense of grating imparted to the instrument in its passage.

The patient was next seen by Dr. Keyes, who, on passing a sound, found some resistance at the bulbous portion of the urethra, but could

detect no gritty substance. The obstruction was at the triangular ligament, and did not appear to be produced by a solid body, but seemed rather fleshy. Baths were ordered and quinine was prescribed, and the patient went home. He was again seen two days later, when Dr. Keyes introduced a whalebone bougie through the urethra, using it as a guide for the passage of Thompson's dilator. The presence of the stone was detected, caught between the blades, and thus extracted.

He returned home and had no chill. A week after the operation, a full-sized sound was passed. Its withdrawal was followed by a very small amount of blood. Quinine and an alkali were prescribed. After he got home he had a chill. When other methods of operating are resorted to, laceration of the urethra is generally produced. Dr. Keyes then referred to a case (published in the *Atlanta Medical Journal*, from the transactions of a medical society) in which three calculi were removed from the urethra, by means of Thompson's dilator.

Extraordinary Size of a Child at Birth.

Dr. Blake related the measurements of a child, taken forty-eight hours after its delivery, the dimensions being so large that he wished to place them on record. The head measurements were as follows:—

Occipito-mental	6¼ inches.
Frontal	6 "
Perpendicular	5 "
Transverse	4¼ "
Temporal	3½ "

The body measurements were:—

Around the Thigh	7 inches.
" Calf of the Leg	4¾ "
" Chest from under the axillæ	13½ "
" Biceps	4½ "
" Middle of the Forearm	4⅛ "
Length of the Child	23½ "

The tallest child at birth on record, previous to the reporting of this case, measured twenty-one inches. The cranial bones were all ossified, and the head presented the appearance of that of a child three or four months old. The mother of the child had had an abortion, previously, and this was her first at term.

Dr. Mary Putnam-Jacobi said that first children were always larger than subsequent ones, and this was a frequent cause of death at birth. The mental and physical capacity was very much taxed in primiparæ. She believed that mothers who led indolent lives bore larger children; she had noticed this in two or three cases that had come under her own observation.

Dr. Blake said that the mother of this child was one of the class just mentioned.

Catarrhal Pneumonia.

Dr. Heitzman exhibited the heart and lungs of a child; the latter organs being in a state of catarrhal pneumonia and cheesy degeneration. He described the pathological changes occurring in that disease. The specimens were stained with nitrate of silver and hæmatoxylin for microscopical examination. The president stated that the changes described were commonly seen in chronic pleurisy. He had found the use of arsenic acid and carmine preferable to nitrate of silver and hæmatoxylin, as it gave a truer picture. The nitrate of silver staining was always pretty, and all sorts of queer-shaped endothelial cells were visible.

Transverse Fracture of the Patella a Second Time—Amputation Above the Knee—Pyæmia.

Dr. Erskine Mason presented the two fragments of a fractured patella, taken from a man aged twenty-five, healthy, habits temperate, who was a patient in Bellevue Hospital. He fractured his patella by muscular violence, on December 23d, 1873; he was at that time admitted to the hospital, and was discharged on April 15th, following. When he left the hospital his knee was in a partial state of anchylosis, and flexion could be performed to the extent of only three inches.

On the evening of January 2d, 1875, he again entered the hospital, having slipped on the ice while walking home, a few hours previously, forcibly flexing his knee. On admission, the knee was found lacerated directly over the centre of the patella; *i. e.*, over where the ligamentous union existed between the fragments, previous to its rupture, which took place at the time of the second injury. The wound was about ten inches long, and communicated with the joint. A long posterior splint was applied, and the wound dressed with lint saturated with carbolized oil.

On January 8th the wound began to look unhealthy, and discharged profusely.

January 15th. Counter-openings were made on each side of the joint, and setons were introduced. Quinine in large doses, and iron were prescribed.

January 23d. After a consultation, it was decided to perform amputation, and on the 25th it was performed at the junction of the middle and lower thirds of the thigh, the anterior and posterior flap operation being selected. The temperature was 99° at the time of the operation.

January 27th. The wound uniting by first intention, and looking healthy.

January 28th. This being the fourth day after the operation, the temperature was 100¾°, and the patient had a chill.

January 29th. The wound was opened freely, for fear of purulent infiltration, though apparently healthy. He continued to have chills every day at irregular intervals, and grew weaker until he died, on February 7th.

Death took place on the tenth day after the first chill, and on the fourteenth day following the operation. The interesting feature of this case is the fracture occurring as the result of muscular violence a second time.

Potts' Disease—Peritonitis.

The President presented a specimen, showing recent peritonitis, taken from a man aged fifty-six, a patient in Roosevelt Hospital. Three

months before admission, he fell, striking his back violently. Three weeks later, he began to lose power of both his legs, and in a few days was paraplegic. On entering the hospital it was found that there was loss of motion, but not of sensation, in both of his legs. He was very much constipated. The seventh dorsal vertebra protruded outward. Three days before death he was taken with vomiting, and his abdomen began to swell. There was no rise of temperature, though the pulse became accelerated, and he died.

The autopsy showed the seventh dorsal vertebra to be almost completely destroyed, consisting of a soft cheesy mass. The vertebral column was depressed at that point, thereby causing pressure upon the cord. On opening the abdomen, the ilium was found dilated, and coated with a layer of fibrin, showing recent peritonitis. There were also signs of old peritonitis. The colon, above the sigmoid flexure, was obstructed, caused by twisting of the intestine, the result of old adhesions. The rectum, between its peritoneal and mucous coats, was infiltrated with pus. This condition was particularly interesting, from the fact that no purulent inflammation of the rectum existed.

The President, in answer to Dr. Mason, said that softening of the cord was not apparent to the naked eye.

Editorial Department.

Periscope.

Treatment of Primary Diseases of the Heart.

Dr. Milner Fothergill read a paper upon the treatment of primary diseases of the heart, at the Harveian Society of London, lately. He said that the successful treatment of diseases of the heart, perhaps more than that of any other class of ailments, rested upon an accurate diagnosis. It was of the utmost importance, then, to decide in each case as to whether the heart symptoms arose from some affection of the heart itself, or they were secondary, and due to some disturbance in the vascular system, standing in a causal relationship to them. The treatment of the first class of heart affections was directed to the condition of the heart itself. In the second division, the true line of practice was to remove the exciting cause, and thus to relieve the heart. The primary affections of the heart were valvular or muscular. When a valve was injured, a compensatory growth of the muscular structure usually followed. If the disease were stenosis, then hypertrophy of the muscular chamber behind the lesion enabled an equal amount of blood to be driven through a narrowed opening in an equal time, and thus perfect compensation was attained, as long as the muscular wall is structurally sound. This was best seen in aortic stenosis. Hypertrophy at other times was developed, not to overcome some obstruction in front, but to limit dilatation when the muscular chambers were distended by an incoming current of blood of unwonted force. This was the case in aortic regurgitation very markedly; and was also common in mitral regurgitation when the left ventricle was distended by an inrush of blood from the gorged auricle and pulmonary veins. At other times the disease consisted of muscular debility, without valvular lesion. Cases were given illustrating the complete recovery of the heart from conditions of temporary dilatation. The line of treatment pursued in the cases was rest, at first, and the steady administration of digitalis and iron. The administration of digitalis might be continued for years uninteruptedly, without the production of those toxic symptoms which were supposed by older writers to indicate some cumulative action in this drug. As well as acting directly upon the heart in advanced cases with dropsical effusion, Dr. Fothergill spoke strongly in favor of the use of cathartics, to relieve the venous congestion. He gave a case where two scruples of compound jalap powder were given every alternate morning, till eight doses had been taken, with excellent effects. The depressing effect of free purgation is more than compensated by the relief afforded in these cases. Digitalis and iron were also given, and the catharsis was only supplementary to the direct treatment of the heart itself. To illustrate what might be attained by such direct treatment of the heart, Dr. Fothergill adduced a case of mitral regurgitation in a young man, in whom a murmur could no longer be heard, and the subjective symptoms of disease of the heart had also vanished. Here the vela of the mitral valve were injured, and when the left ventricle was dilated, the injured valves were no longer equal to closing the ostium on the ventricular systole. The reduction of the ventricle to its normal size had resulted in the valves being once more competent; and as long as the ventricle can be maintained in a normal and undilated condition, the equivalent of a cure is attained. In mitral disease the use of digitalis is almost universally admitted, but there is less agreement as to its use in aortic disease. In Dr. Fothergill's opinion, its utility in aortic stenosis was obvious. In aortic regurgitation in the early stages, it was contra-indicated, and an agent of precisely opposite quali-

ties, one that would lessen the force of the ventricular contraction, and at the same time increase the number of beats, should be adopted, if we possessed such an agent. In the later stages, however, when the muscular walls were failing, and death threatened from cardiac syncope, then digitalis was useful as a palliative agent. Valvular disease of the right side of the heart, and especially tricuspid disease, was little amenable to treatment, because no muscular hypertrophy could be brought to bear on it. Dr. Fothergill summed up the treatment of primary diseases of the heart as follows:—1. It is of the utmost moment in these cases to reduce the demand upon the heart to a minimum. 2. Much relief may be afforded where dropsy is present, by unloading the congested venous system; and for this end cathartics are very serviceable. 3. The heart must be acted upon directly, by means of agents which increase the vigor of the ventricular contractions, of which digitalis is the chief. 4. To improve the general condition by the use of chalybeates, and suitable food, is also very desirable. Digitalis and iron may be continued for years, not only without any evil consequences, but with much advantage in many cases.

Smoker's Tongue.

Under this heading, Dr. Drysdale describes the following case in the *Medical Press and Circular*:—

A man, aged 58, consulted him for his tongue, which for some time past had given him some annoyance. He was married; had several children. Never had any symptoms of venereal disease. Had been a very heavy smoker, smoking often all day long, and consuming as much as an ounce of shag tobacco daily, for weeks together.

The tongue was fissured at the edges; in the middle line, and for half an inch on each side of it, extending from the circumvallate papillæ until about half an inch from the tip, there was a wide strip of white stearine-looking patches over the tongue, grayish-white in color, and slightly harder than the other parts of the tongue to the touch. A very weak solution of nitrate of silver, painted over the tongue, gave a somewhat similar aspect.

Diagnosis.—Smoker's tongue.

Treatment.—To abandon tobacco, if possible, and use tannate of glycerine and nitrate of silver occasionally to the tongue.

Remarks.—There seem to be three periods in affections of the tongue caused by tobacco-smoke. The first is merely simple erythema, and the mucous membrane becomes red, and loses its polish. If carried on further, the epithelium becomes white, thickened, and softened, and comes away in scales, presenting a whitish patch, rather like syphilitic mucous plates. Lastly, these patches become cracked, and an ulcer, painful, and with grayish base and irregular edges, is seen. The edges may become hard, so hard as even to simulate, in rare cases, hard chancres. There can be no doubt, too, unfortunately, that such patches occasionally are apt to degenerate into epithelioma. Many cancers of the lips and tongue are due to smoking. Who can deny it? Women are infinitely less subject than men to white patches in the mouth (psoriasis). Is this not an additional proof that tobacco is an exciting cause of such patches? Consider the acridity of the juice of tobacco smoke, the heat of the short pipes used, the abuse of spirituous liquors, etc., so frequent in old smokers, and the deplorable condition of their teeth in so many instances.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——"*The Sanitary Journal*" is the title of a bi-monthly, devoted to public health, published in Toronto, Canada, under the editorship of Dr. Edward Playter. The March number contains a judicious review of hygienic matters, editorial articles, and selections on sanitary subjects. Terms, $1.00 a year.

——The Annual Report of the City Physician of Knoxville, Dr. A. B. Tadlock, calls attention to the numerous brands of coal oil in the market which are dangerously explosive, and to other subjects of interest to the inhabitants. He gives the annual death-rate of the city at 11.4 to the thousand, which is too favorable, we suspect, to be correct.

——The "*Missouri Clinical Record*" has changed its title to the "*St. Louis Clinical Record.*" It is an ably conducted journal.

BOOK NOTICES.

The Straits of Malacca, Indo-China and China; or, Ten Years' Travels, Adventures and Residence Abroad. By J. Thomson, F. R. G. S. Illustrated with upward of sixty wood engravings. New York, Harper and Brothers, 1875. Cloth, 8vo, pp. 546.

China, with its enormous population, is one of the threatening problems of the near future. There is really so little known about the home life of its inhabitants, their capacities and culture, that no solution of the problem can be ventured. This volume is a contribution, and a rich one, to the subject. The author spent years, partly on the shore and at other times in the interior, and speaks free from bias, and with the fidelity of an eye-witness. His style

is clear and attractive, and it is long since we have been so much entertained with a book of travels. The numerous and excellent engravings, the maps, and the superior typographical finish of the volume no doubt aid this effect, but the matter and manner of the writer have most to do with it.

Numerous passages refer to the sanitary and medical conditions of the countries he visited. Among other notable facts he records, are some about the leprosy. This, he states, is a common disease in China. It is incurable, but is held not to be infectious, and what is not less singular, "it has been proved that the malady, though to a certain extent hereditary, will at last die out of a family" (page 366). In Canton there are direct descendants of lepers entirely free from the disease. In other words, tolerance of the disease has resulted in immunity from it. A striking illustration of Decandolle's theory of epidemics.

In Hong Kong, and elsewhere on the coast, the government has adopted the plan of licensing and placing under sanitary supervision the houses of prostitution; and Mr. Thomson states explicitly, that "the result, so far as statistics show, has proved the wisdom of the system," as they always do whenever a sound system is inaugurated and carried out.

The descriptions he gives of the neglect of the sick, the filth of the poorer quarters, and the prevalence of infanticide, are harrowing. On one occasion he saw an idiot exposed in a cage and left for the passers by to feed. The insane are turned out of doors and left to get their food from offal, or to die by the roadside. Opium smoking and drunkenness, from the native whiskey, "sam-shu," bring millions yearly to death and disease. He speaks most favorably of Japan, saying that it is "destined to afford an unparalleled example of progress."

But we must not linger longer over these pages of adventure and observation. and we take leave of them, commending them heartily to our readers.

Ismailïa; A Narrative of the Expedition to Central Africa for the Suppression of the Slave Trade, Organized by Ismail, Khedive of Egypt. By Sir Samuel W. Baker, Pasha, M.A. F.R.S., F.R.G.S., etc. With maps, portraits and upward of fifty full-page engravings. New York, Harper & Bros., 1875. Cloth, 8vo, pp. 542.

The noble efforts of Sir Samuel Baker to do away with the iniquitous slave traffic on the upper Nile are here recorded with a vividness that lends to the narrative the charm of a romantic fiction. The dangers and stirring adventures which he met amid the barbarous tribes of those remote lands surpass those of any recent traveler we have known of. Appointed Major General in command of a nominal force of about 2500 men, in April 1869, and with absolute control of the Southern Nile Basin, he passed the time until August 1873 in exploring that territory, establishing stations and chasing slave hunters. Had he been at all heartily backed by the Khedive, his efforts would have been completely successful. But as it is, this ruler is too supine, too much of a barbarian himself, to take vigorous measures against the slave-hunters, although ostensibly he agrees with the sentiments of the European world on this point.

Throughout the expedition Lady Baker accompanied her husband, and the narrative everywhere bears testimony to her extraordinary ability, courage and goodness of heart. When Sir Samuel was away, and danger was apprehended, she posted the sentries and disposed of the troops with the skill of a Major General; and when the surgeon to the expedition was absent, she prescribed for the sick and dressed wounds quite as well, probably, as he could have done it himself.

After reaching the equatorial latitudes, sickness was not severe in type, and the mortality was very low. Dysentery was the most common disease, and in marshy districts moderate forms of malaria prevailed. Mania is never found among the natives, and idiocy is extremely rare. Suicide is unknown, and the women never bring forth deformed children. The teeth are so perfect, that Sir Samuel says he had examined numerous skulls, but had never found a single tooth decayed.

In the latitude from 1° to 3° north of the equator the temperature at 6 A.M. ranged from 60° to 65 Fahr., and at noon from 75° to 80° throughout the year. It very rarely was above 90° at noon anywhere on the route. This, it will be seen, is by no means an unbearable heat, being nothing like so oppressive as a July in St. Louis or Philadelphia.

The numerous engravings are beautifully designed and cut, and the work is one which every reader will be delighted with.

THE

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A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M. D., EDITOR.

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MEDICAL MATTERS IN MEXICO.

It is with sincere pleasure that we note the unwonted activity in medical science which has characterized the profession in our sister republic during the last year. A progressive desire for organization among the regular physicians has been manifest, and its good results are already noticeable in the literature of science. The Academia de Medicina, of Mexico, meets in that city every Wednesday evening, and its sessions are well attended. Practical questions are debated with interest, the subjects for discussion at one of the late meetings being the uterine curette and Esmarch's method. Its proceedings are regularly published in the *Gaceta Medica de Mexico.*

Another society, meeting every week, is the *Sociedad Medica Pedro Escobedo*, the President of which is Dr. Galindo. It also publishes a periodical, the *Observador Medico*, which has progressed to its third volume.

The physicians and surgeons connected with the military hospitals and army medical staff form a society called the *Associacion Medico-Quirurgica Larrey.* This meets twice a month, and has published a monthly periodical of very high scientific character, the *Annales de la Associacion Larrey.* A clinical journal, *La Revista Clinica*, is published by the staff of the Hospital Juarez; and the *Porvenir* by the *Sociedad Filoiatrica.*

Besides these, we should mention the Iatrodelphic Society, and the Mexican Pharmaceutical Society, both of which meet in the Capital. This latter Society brought out, last year, the *Nueva Farmacopea Mexicana*, a volume of 904 pages, printed in first-class style, containing much valuable information on the popular remedies of Mexico and its various mineral waters.

There are also organized medical societies in Guadalajara, Jalisco, San Luis Potosi, Merida, Zacatecas, Orizaba, Toluca, and Puebla, some of which issue reports with regularity, especially those at Guadalajara and San Luis Potosi. Thus the *Revista Medica*, of the former city, for January last, contains a review of the new pharmacopeia, a discussion on vegetable physiology, a description of a medicinal spring, several cases of sudden death, probably from poisonous marsh gases, and a translation of an article by Baron Mullen, on the curious skin disease known as *el mal de la pinta.* Here is a fair collection. In Puebla, with the 1st of January, 1875, was commenced *El Estudio*, a little medical sheet, which promises well. Its first number lauds the thermo-mineral waters of Puebla in phthisis; discusses the medical geography of the district; and gives an article, by Dr. Ibanez, on the preparation of what he calls "double mercurial ointment."

Among other interesting articles we may mention one in the *Gaceta Medica*, by Dr. Lobato, on the poisonous effect of the gases in silver mines. The consequence of prolonged exposure to these gases is the pathological phenomenon,

called by Dr. L. *maduracion*, and which he decides to be a leucæmia, either fulminant or chronic, according to the intensity of the poison.

The rich flora of Mexico naturally attracts the attention of intelligent medical men. Dr. Herrera, of the School of Medicine of Mexico, has been experimenting with the toxical principle obtained from the leaves of the Yoyote, *Thevetia iccotli*, which appears to exert a peculiar paralyzing effect on the involuntary muscular system. Dr. Altamirano is engaged in studying another remarkable vegetable substance, the concrete juice of the *capulin zimarron*, a plant common in the province of Queretaro, the leaves of which act on the cerebro-spinal nervous system, not fatally, but producing prolonged paralytic debility.

Sanitary questions also occupy a fair share of professional attention. The Council of Health, of Mexico, meet regularly, and the Academy of Medicine offers a prize of three hundred dollars, to be awarded in July next, for the best essay on the subject,

"What benefits or disadvantages to public health would result from the draining of the lakes which surround the city of Mexico? And state what remedies would be applicable to counteract the disadvantages."

It is quite time that active measures be taken for the salubrity of that city. It is stated in these medical sheets that the typhus has been prevalent there this past winter with alarming virulence. Several physicians have fallen victims to it. Malarial diseases also are not infrequent.

This brief sketch gives quite a cheering view of our Spanish speaking neighbors, and we congratulate that republic on the liberal and enlightened spirit which is manifested by its medical men.

Medical Advertising.

The publication of professional technical essays in the daily newspapers, such as that by Dr. Hartt, in the New York *Tribune*, of March 15, should be condemned, and their authors censured. The public are wholly unable to appreciate the bearings of purely technical discussions, and such publications can only be intended to advertise their writers.

Notes and Comments.

Therapeutical Notes.

The Ricinus Communis as a Galactagogue.

Dr. James, of Richmond, says the *Virginia Medical Monthly*, has recently used teaspoonful doses of the fluid extract of the leaves of the castor oil plant very satisfactorily in five cases. Though porter and nutritious diet were continued, the quantity of milk was decreased when the extract was suspended, and increased when the extract was resumed.

A Pill for Jaundice.

Dr. Bartlett writes to the *Missouri Clinical Record*: The following combination I use in icterus, or jaundice:—

℞.	Hydr. chlor. mit.,	gr. iij
	Quiniæ sulph.,	gr. xxiv
	Pulv. opii.,	gr. jss. M.

Ft. pil. No. 12.

Sig. one pill every four hours.

This pill will act when a dose of calomel unencumbered fails to act. The opium, of course, confines it, but the quinia also materially assists its action.

Collodium Antiphelidicum.

The *Pharmaceutische Zeitung* says that collodium to which 2 per cent. of zinc sulpho-carbolate has been added is an effective application for sunburn, freckles, and other natural skin spots. The prescription runs:—

℞.	Zinci sulpho-carbolici,	1·0
In pulverem terendo redactum immitte in		
	Collodii optimi,	45·0
	Olei citri,	1·0
	Spiritus vini,	5·0

Sæpius agita, sepone et decantha.

Phosphorus.

Mr. Ashburton Thompson remarks that phosphorus is of great value in the treatment of patients recovering from uterine hemorrhage and in all cases of anæmia, and seemed to exercise a specific influence upon the neuralgia so often met with in these cases, encouraging the general nutrition of the body. Free phosphorus is not the treacherous poison it has hitherto been considered to be. That it is a fatal and potent poison is true, but its therapeutic effects may be obtained with precision and perfect safety. If proper formulæ be employed, no apprehension of unexpected or uncontrollable poisonous effects of a therapeutic dose need hinder its general employment.

Analysis of Cincho-Quinine.

As the composition of cincho-quinine has been discussed in the columns of several pharmaceutical and medical journals, we consider it due to the manufacturers, Messrs. Billings, Clapp & Co., Boston, to call the attention of the profession to the following analysis of cincho-quinine from two eminent chemists, whose reputation needs no endorsement.

CHEMICAL LABORATORY OF
THE UNIVERSITY OF PENNSYLVANIA,
WEST PHILADELPHIA, January 29th, 1875.
Messrs. Billings, Clapp & Co.

GENTLEMEN:—I have received, by express, a package marked, "Sealed by S. P. Sharples, January 22d, 1875," and containing a bottle of cincho-quinine, with the label of James R. Nichols & Co., Chemists, Boston, which I have tested, and have found it to contain *quinine, quinidine, cinchonine, and cinchonidine.*

Yours respectfully, F. A. GENTH,
Professor of Chemistry and Mineralogy.

LABORATORY OF THE UNIVERSITY OF CHICAGO,
CHICAGO, February 1st, 1875.

I hereby certify that I have made a chemical examination of the contents of a bottle of cincho-quinine, and by direction, I made a qualitative examination for *quinine, quinidine,* and *cinchonine,* and hereby certify that I found these alkaloids in cincho-quinine.

C. GILBERT WHEELER,
Professor of Chemistry.

Animal Vaccination.

Since 1872, there has existed in the *abattoirs* of Bâle a vaccine establishment, headed by a veterinary surgeon, which is used by all classes of society. Bulls are inoculated with vaccine from children, and in their turn serve as foci for vaccination. After having shaved the posterior face of the testicles of these animals, about twenty superficial incisions, from two to three *centimètres* long, are made with the instrument charged with vaccine matter. If done carefully, the operation always succeeds, and, at the end of the sixth day, it is possible to collect vaccine, which, mixed with glycerine in the tubes, preserves its properties longer than human vaccine.

Our Epidemics.

Dr. Snow, of Providence, observes in his last Report:—

In Providence, as well as in other cities, in all parts of the country, there has been a large increase of mortality during the present winter. This increase has been specially noticeable in regard to diseases of the lungs and other respiratory organs. Inflammation of the lungs, or pneumonia, has been very prevalent everywhere, and particularly fatal to the aged and to infants, as well as to others who were debilitated from any cause. In connection with pneumonia, there has been, more than usual, a prevalence of croup, bronchitis and influenza. In fact, the presence of that mysterious influence called "epidemic" has been specially marked, and its effects have been noticed in connection with a wide range of diseases, changing their characteristics and modifying their results.

Hurtful Religion.

A "revival" among children has been in process at San Francisco. The little creatures, from four to twelve in age, are gathered in a large church, and after having been warmed to the work by the singing of hymns stating how full of guilt they are, and the day will come when heaven and earth will pass away, certain "revivalists" begin to stride up and down among them, clapping their hands and crying out as they tell them of the hopeless state of iniquity into which they have fallen, and of the probable early death and certain hell awaiting them. Only the most uneducated or grossly careless parents would subject the brains and nervous systems of their children to a physical strain so unhealthy; and only those profoundly ignorant of the true relation which religion ought to bear to human life would countenance such a false and hurtful phase of it.

Caffein Crystals.

The *Druggists' Circular* says: At the regular monthly meeting of the Cincinnati College of Pharmacy, held February 9th, Prof. E. S. Wayne exhibited and presented to the college a splendid mass of crystals of caffein, and made some remarks upon a new method for its manufacture from tea or coffee, which is, to boil the powdered tea or coffee, with one and a half times its weight of finely powdered litharge in water. A bright and almost colorless solution is thus obtained, which contains a small per cent. of lead in solution. This is removed by passing through it sulphhydric acid gas, and the precipitated sulphide of lead removed by filtration. The solution is then evaporated to the crystallizing point; upon cooling, the caffein crystallizes out in colorless crystals. The mother liquid is drained off, and being slightly yellow, is treated with animal charcoal, and upon evaporating yields another crop of crystals.

The process is said to be a cheap and rapid one for preparing caffein, and yields largely.

Metachloral.

M. Dujardin-Beaumetz reports that he finds in metachloral a useful substitute for iodoform in the treatment of ulcers, etc. A serious objection to the use of the latter agent is found in its very persistent and insupportable odor. From this objection the metachloral is entirely free.

CORRESPONDENCE.

FOREIGN.

Medical Matters in Canada.

ED. MED. AND SURG. REPORTER:—

Since my last letter, medical affairs in this country have been more than usually interesting. Typhoid, enteric, or phthogenic fever has prevailed in all our cities and towns, more extensively than usual. The mortality from this disease has been very great. This is owing, probably, to the difference of opinion among our professional men, who generally follow whatever mode of treatment may have been recommended by the professors of the several schools at which they pursued their studies. Few medical men have had the opportunities which your correspondent has had of observing the different modes of treatment resorted to, and of ascertaining the, shall I say, scientific opinions of practitioners upon this disease. The graduates of one school adopt and carry out in their practice the treatment recommended by their professors, and the graduates of another school adopt a mode of treatment perhaps the direct opposite, and so on of all the schools; and we have no lack of them, considering our population. There are about a dozen in full blast throughout the Dominion.

For a wonder, I may mention the somewhat significant circumstance of a session of our Local Legislature having passed over without any medical legislation. Every year since the confederation of the several provinces of British America, our Provincial (Ontario) Parliament has been occupied with some medical bill or other. Fortunately for the medical profession we have been spared the infliction of amendments to the existing act, or of the introduction of any legislation bearing upon the *locus standi* of the homœopaths, eclectics, clairvoyants, phrenologists, biologists, and all that sort of thing, during the late session. Last year the homœopaths threatened all sorts of things against the new law, passed during the session of 1873–74, but they have evidently thought better of it, or else finding the present government would give them no encouragement, threw up the sponge in disgust. As I have already informed your readers in a previous letter, our new medical law is so liberal, that the homœopaths, eclectics, and every other sort of medical practitioner, are left without excuse. This law simply provides a common standard of education, and if this is complied with, all descriptions of doctors professing medical attainments may obtain legal *status*, and practice the noble art according to law.

The editorial in No. 23, vol. xxxi, page 445, December 5th, 1874, inviting the attention of your readers to the patenting of medical compounds, as referred to by Dr. R. St. G. Dryenfurth, the chemical examiner of the Patent Office, is valuable, and according to my opinion, irresistible, as an argument against the prevailing practice of obtaining patents for nostrums of all kinds. Had the practice recommended by Dr. R. St. G. Dryenfurth been carried out and enforced in former years, it would have been impossible for our continent to be inundated as it is with such enormous quantities of quack remedies, which, in the great majority of cases, possess no intrinsic or extrinsic merits to recommend them to the public.

During the last days of January, and the month of February, an epidemic, almost universal, has prevailed throughout Canada. This epidemic is chiefly limited to the air passages and lungs, but severe cases are by no means common, in which the kidneys and urinary organs, with the nerve centres, are involved. The mortality amongst the young and vigorous is not very large, but the middle aged and very old succumb under the best treatment. Doubtless the extreme cold which has prevailed is the chief cause of this state of things.

CANADENSIS.

DOMESTIC.

The Theory of Blood-Poisoning.

ED. MED. AND SURG. REPORTER.

I crave the privilege of quoting some of Dr. Von Mansfelde's conclusions concerning blood-poisoning. He begins by denying its existence, *in toto*. The pathology of certain conditions of the system, viz., diphtheria, typhoid fever, ague, and small-pox, are yet open questions, unsolved by minds more acute than his or mine. We will take him on his own ground, by producing some facts.

If the blood does not contain morbid, infectious material, how can the blood of a syphilitic person convey his poison to a healthy individual? An accomplished fact, proved by the records of surgery. Waller inoculated a healthy man; three were inoculated by a surgeon of the Palatinate; one by Gilbert; one by Lindwurm; three students by Dr. Pellizari. All these cases followed by constitutional symptoms of syphilis; and all produced by inoculation of the blood of syphilitic patients, for the purpose of testing its infecting power (Quoted from Dr. Bumstead's work on Venereal). The Doctor argues that in fever, small-pox, and other zymotic diseases, from irritation, primarily, and in small-pox, suppuration, secondarily, due to the lodgment of zoophytes in the true skin, no fact is more clearly established than

that fever, headache, vomiting, etc., precede by days and sometimes weeks, the eruptive phases of zymotic diseases, showing that a profound operation of a poison, or *materies morbi*, has gained an establishment in the system, and is preparing to manifest itself by actual lesion.

But by far the strangest of his ideas is his explanation of the immunity conferred by the vaccine. He claims, first, that small-pox is a skin disease, due to germs or amœboid bodies, doing their work in the skin, going no further, causing every step between incubative fever and death, by their presence, irritative action and suppuration.

He now explains that vaccination is a preventive. How? Thus: "By it the brooding place of the zoophyte is destroyed, by derangement of the stellate cells of the true skin (connective tissue cells)."

But as far as the vaccine vesicle goes, relative to the whole surface of body, it could be covered with the point of your finger, while small-pox "broods" on every available point of surface of the whole body. What is vaccination but blood-poisoning?

I acknowledge that we are unable, with our present light, to give a clear idea of the mode of operation of blood-poisoning, or an exact chemical analysis of the poison which produces disease. But the term conveys an idea to all, of a profound and intimate diffusion of a disease and death-producing something—a vapor, a mephitic emanation—brought in contact with the minutest part by the blood; to the blood by the respiratory tract and stomach, in air and ingesta; directly to the fluids of the body and blood by the absorbents and veins, as in open wounds, the denuded placental surface, in the form of pyæmia, and septicæmia. What part the nervous system plays in this intricate pathology, we must yet learn.

A. J. Jessup, M. D.

West Town, Orange Co., N. Y.

Electrical Batteries.

Ed. Med. and Surg. Reporter:—

In the issue of the Reporter for March 13 there is an abstract of a description given by me, at the College of Physicians, of an office battery. In the abstract the name of the maker was omitted, and as inquiries have been made of me in regard to that point, I desire to inform your readers that the apparatus was manufactured by Mr. Otto Flemming, No. 15 North Ninth street, Philadelphia.

I would take this opportunity to answer another question of a correspondent; namely, What is a Calland cell? The Calland cell is one of the modifications of the Daniell battery, and consists of a zinc and a copper element. The latter rests upon the bottom of the jar, and the zinc is suspended within a couple of inches of the top. The cell is then filled with water, and crystals of blue stone are thrown in, so as to lie upon the copper disk. When the battery is in action, the sulphate of copper is gradually decomposed, the sulphuric acid rising to attack the zinc, while metallic copper is deposited upon the other element. We thus have two separate liquids in the same cell; one a solution of sulphate of copper, below, and the other a solution of sulphate of zinc, surrounding the zinc. Yours respectfully, Wharton Sinkler, M. D.,

348 *South Sixteenth street, Philadelphia.*

News and Miscellany.

Female Abortionists.

The New York letter of the *Public Ledger*, of recent date says:—

The District Attorney, it is understood, was in consultation with the Grand Jury with reference to the ways and means of suppressing the class of female physicians who have figured so prominently in connection with several sad cases that are occupying the attention of the Coroners, both in this city and Brooklyn. There are laws which reach them and their trade, it would appear, but the trouble is, the difficulty of putting those laws into force. The result of the conference, of course, is private as yet, but it would not be surprising if it should be a sweeping indictment of the whole tribe, followed by a summary breaking up of their vile dens. Intimations of this kind from authoritative sources are not wanting.

Personal.

—The prize of a gold and enameled Maltese Cross, offered by Dr. P. D. Keyser, one of the surgeons of the Wills Eye Hospital in this city, to the graduating class of 1875, for the best essay on any subject in ophthalmology, has been granted to Frank Fisher, of the Jefferson Medical College.

—Prof. Carlo Burci, of Florence, died there on the 4th of February, aged sixty. He studied at Pisa, and lectured as clinical surgeon in her University. As an anatomist he bore a high reputation, particularly in the pathological department. His next post was in Florence, where he contributed to found the museum of pathology, and sustained in the chair of clinical surgery the best traditions of Scarpa. He was a senator of the kingdom, and member of the Council for directing the higher education in Italy.

—The Professor of physiology at Barcelona, Dr. Varela, was hissed and insulted at lecture, by a large number of his pupils, and so far forgot himself as to draw a revolver, and threaten to fire on his tormentors. A terrible disturbance and general scamper were the result. The rector of the university disarmed the professor, and the police were called in.

—Dr. Robert Hubbard, of Bridgeport, Conn., has been nominated for Representative in Congress, by the Republicans of the Fourth Connecticut District.

—Dr. A. D. Lord, formerly Superintendent of the Ohio Blind Asylum, and a very prominent educator in Northern Ohio, died at Batavia, N. Y., last week. He was, at the time of his death, Superintendent of the New York Blind Asylum.

—David S. Prescott, a physician in Laconia for over 20 years, died Thursday night, aged 53 years. He was born in Sanbornton, in what is now a part of Franklin, studied for his profession at Franklin, and graduated at Dartmouth Medical College in 1850, and practiced in Temple two years before removing to Laconia.

Items.

—A petition to abolish vaccination, signed by 1680 persons, was recently presented to the British Parliament.

—A veritable Cyclops is reported to be in London. His only eye is in the middle of his forehead. His name is Piper Wilson, aged twenty-two, and he came from Australia.

—At the Annual Commencement of the School of Medicine, in the University of Maryland, held on the 1st inst., fifty candidates received the Degree of Doctor of Medicine.

—According to the *Gazette de St. Petersbourg*, 250 young women are now attending the course of medicine and obstetrics at the St. Petersburg School of Medicine and Surgery.

—A criminal in Augusta, Georgia, upon receiving a sentence of death, a few days since, experienced such agony that a large part of his hair turned white during the night which succeeded his ordeal.

—The colored clergymen of Washington have held a meeting to consider means for preventing the great mortality among the colored population of that city. The Board of Health and the Citizens' Relief Committee have also been consulted on the subject.

QUERIES AND REPLIES.

N. Y., M. D.—Masturbation once or twice a month in a woman of twenty-two years of age would produce no menstrual disturbance. The case you mention merely requires tonics and mental treatment. Marriage would doubtless benefit her.

Dr. R., of U. T.—1. Dr. Otis' paper has not yet been published. 2. You will not be likely to cure gleet where stricture is present, until you first break up the stricture. In the case mentioned, either dilate or cut the stricture, and pass a bougie regularly for several months. Medical treatment only will not avail.

OBITUARY.

DR. CHARLES C. JENNINGS,

Of Easton, Pa., died suddenly, of pneumonia, March 15th. He was born at Bridgeport, Connecticut, December 2d, 1806. His diploma was obtained from the Medical Department of the University of Pennsylvania, and in 1840 he commenced practice at Riegelsville, whence he removed to Easton ten years later. From 1861 to 1865 he was postmaster of that city, and always took a lively interest in public matters.

At a meeting of the members of the profession, held March 18th, resolutions of respect and sympathy were passed, and Dr. Mixsell, who attended Dr. Jennings during his last illness, gave a full and lucid account of his disease; its severity from the beginning, and its uncontrollable character under the most careful treatment.

JOSIAH McCANDLESS, M. D.

On the 5th of January, 1875, at his residence, near Unionville, Butler County, Pa., Josiah McCandless, M. D., in the 59th year of his age.

As a physician, he was a model of professional honesty, candor and faithfulness. He never flattered or deceived his patients by holding out false hopes. With a clear and accurate judgment, and a kind and sympathizing heart, he ardently devoted himself to his profession. And during his long and extensive practice of about thirty-three years, he literally wore himself out in doing good to others. His noblest monument is in the grateful hearts of thousands who have been blessed by his professional skill, and made happy by his kindness.

MARRIAGES.

BAKER—BARE.—By Rev. John Peddle, March 18th, William C. Baker, M. D., of Hummelstown, Pa., and Annie Eliza Bare, of Bareville, Pa.

BRIGHAM—WALKER.—In Evanston, Illinois, February 12th, Dr. G. N. Brigham, of Montpelier, Vermont, and Agnes R. Walker, formerly Preceptress of the Vermont Methodist Seminary and Female College of Montpelier.

GRIFFITH—TURNER.—December 31st, 1874, at the bride's home, G. R. Griffith, M. D., and Miss M. J. Turner, both of Oakdale, Pa.

KERVEY—BAILY.—In Wilmington, March 24th, 1875, by Rev. W. C. Best, Harry R. Kervey, of West Chester, and Minnie M., daughter of Dr. E. J. Baily, U. S. A.

PERKINS—ECKFELDT.—On February 24th, 1875, by Rev. Charles F. Thomas, Dr. Charles W. Perkins and Miss Sarah E. Eckfeldt, youngest daughter of A. C. Eckfeldt, both of Chester, Delaware county.

STRONG—HALSEY.—In Cincinnati, Ohio, on Wednesday, December 16th, by Rev. Dr. Armitage, Dr. G. W. Strong and Mrs. Josephine A. Halsey.

DEATHS.

GROSS.—In this city, on the morning of the 19th ult., Henrietta D., wife of Ferdinand H. Gross M.D., of this city, and daughter of the late Isaac Williams, of Boston.

GEBLER.—In this city, on the 19th ult., Charles F. Gebler, M. D., in the 74th year of his age.

MARSELIS.—In this city, on the 7th ult., Isaac N. Marselis, M. D., in the 74th year of his age.

OURT.—Suddenly, in this city, on the 12th ult., Anna Cooke, only daughter of Dr. A. Jackson, and Josephine E. Ourt, aged 18 years.

PARKER.—In this city, on the 10th ult., Maggie, daughter of Dr. George W. and Ellen R. Parker, in the 10th year of her age.

THOMPSON.—On the 28th ult., James Thompson, M. D., in the 56th year of his age.

THE

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Communications.

ULCER UPON THE NATES, PROBABLY OF SYPHILITIC ORIGIN.

BY F. K. BAILEY, M. D.,
Of Knoxville, Tenn.

April 15th, 1874. Lizzie M., æt 25; has one child 5 years old, a healthy boy. Light complexion, nervous bilious temperament. She states that during the holidays she received an injury* upon the right side, near the anus, which at once became much swollen, and soon there was a discharge of thin matter. At present there is a deep ulcer upon the right ischiatic region. Its inner border is within eighteen lines of the anus, and the direction is rather outwardly, so that the deepest point is about three inches from the anus. The cavity is large enough to contain a globe two and a half inches in diameter. The suppurating surface is covered with a dirty yellow watery substance, much resembling that seen in hospital gangrene. The cellular tissue upon the edge is indurated, and the skin of a dark red color for about two inches.

The woman says she had what was supposed to be syphilis a year ago. The only treatment she received was a wash to the sores, and a mixture. No inguinal swelling, but had sore throat, and an eruption like ringworm. Complains now of pains in the anterior tibial region at night, with chills at irregular times during the day, and some few at night. Bowels inclined to be loose. Tongue not coated, but has a bluish appearance. Pulse weak and slow. Lies in bed more because she cannot sit, rather than from debility.

Prescribed as follows:—

℞.	Iod. potassii,	ʒij.	
	Carb. ammoniæ,	ʒj.	
	Tr. acteæ cimicifugæ		
	Tr. sang. canadensis,	āā. ʒij.	
	Syr. sarsæ. comp.	ʒss.	
	Aquæ puræ,	ʒij.	M.

Sig.—Teaspoonful ter die.

As an application to the ulcer,

℞.	Tr. iodin,	ʒss.	
	Glycerin,	ʒj	
	Carbolic acid,	ʒj	
	Tr. opii,	ʒss.	M.

Fiat lotio.

Sig. Use ½ teaspoonful in six ounces water, saturating cotton so as to fill the cavity. Dover powder at night.

May 20th. The woman called, when I found the ulcer had healed more than one-half. General health pretty good. She took one bottle of the iodide potass. mixture, and has used the lotion constantly in dressing the ulcer.

July 16th. Lizzie called a few days since, and reported the ulcer as nearly healed. Still using the lotion. General health much improved. I should have stated above that the menses have been suspended since last winter.

August 3d. The ulcer is entirely healed. Menstruation became re-established about a week ago, but the flow stopped after thirty-six hours. Since that time she has suffered much from pelvic pains. Prescribed three comp. rhei pills.

A most interesting feature in the above case is, that the ulcerative process was so promptly arrested after treatment was commenced. From

*I learned that the injury was caused oy a kick from a policeman, who had arrested her for drunkness.

her history, both social and pathological, no doubt existed in my mind of the specific character of the affection. The almost immediate improvement after taking iodide potassium confirmed this impression.

It is altogether probable that the ulcer which had destroyed such an extent of tissue would have continued its course till the effect would have been terrible. The lotion used has, in many similar cases, proved very efficient in arresting ulcerative action.

Case 2.—Ulcer upon the Thigh, and Dermatoid Indications of Syphilitic Disease.

Colored child, fourteen weeks old. The father called, November 26th, 1874, and stated that he feared his child had a bad disorder, for he himself was affected a year ago. I called, and found upon the whole extent of the nates an eczematous eruption, with abrasions of the cuticle in spots; some suspicious places upon the face and upper part of the chest. Prescribed a mixture of carbolic acid and hyposulphite of soda, as a wash, with iodide of potassium and syrup sarsaparilla three times daily. There is also a tumefaction upon the outer aspect of the left thigh, extending from the trochanter nearly to the knee, and passing posteriorly, so as to be seen in the left perineal region.

December 10. Have seen the child occasionally, and find the tumefaction increasing, with a dirty-looking eruption on the forehead, face, and neck. An abscess is slowly forming below the trochanter. To continue the iodide potassium.

December 13. Unchanged in appearance; gave proto iod. mercury.

℞. Proto iod. mercury, grs. iij
Sulph. cinchoniæ, grs. vj. M.
Ft. pulv. No. 30.
Sig. One morning and night.

December 15. Made an incision at about upper third, left thigh, externally, when an immense quantity of thin pus escaped. It was necessary to pass the bistoury to quite a depth to reach the abscess. Stools changed to a bright yellow since taking the powders, and the bowels move oftener. To continue them as before stated.

January 15. This child has improved in appearance of late. I found it necessary to make a second incision in the thigh, at a point lower down, a few days ago, and pus flowed very freely. The parents are both poor and wretched, rendering it difficult to treat the case satisfactorily.

There is much of the disease met with among the lower classes of both whites and blacks that is a result of crime, or gross violation of social law. Any medical man at all conversant with disease as met with in the slums of any city, either great or small, can easily appreciate the force of some observations made by Prof. Jacobi, in his clinical report, as found in the Reporter of March 13th:—

"The great reputation which calomel has gained in the treatment of every sort of disease, is in consequence of the fact that a large number of forms of disease are due to hereditary syphilis."

The good effects of proto iodide of mercury in skin disease of infants are very apparent, especially in subjects where we either know or merely suspect venereal disease to be a factor in the case. These therapeutic effects are a valuable means of diagnosis, and the idea is not confined to effects of mercury. Iodide of potassium is an agent which will act also as a test.

I was treating a person, not many years ago, for some chronic affection in which the symptoms did not at first point to a specific taint. After a while there was pain, especially at night, on getting warm in bed, in the anterior tibial region, and, after giving various anodynes without effect, iodide of potassium soon relieved the symptom. The case soon after passed into other hands, and I never ascertained the full history, but from the fact that the same person has continued to suffer from other somewhat obscure and intractable symptoms, without permanent relief, it is suspected, at least, that syphilis may be remotely responsible for all the ills complained of. This is a species of cross-questioning a patient, by which light is thrown upon a case when we fail in the "direct examination."

ON THE PERIODICAL NATURE OF MALARIAL DISEASE.

BY LOUIS G. GORIBAR, M. D.,
Of Mexico.

The action of malaria on the system having been frequently discussed of late, I would submit the views which I have been led to adopt. It is usually said that it acts by a process of fermentation, in a word, by a reproduction of

itself. This is the general explanation that has been given, but for my own part, I do not believe that the poison can reproduce itself, because the system does not furnish the conditions necessary for such a reproduction. Is it believed that what is called the period of incubation is the time during which the poison undergoes that alleged process of fermentation? I look at the matter in a different way. The poison, in the first place, cannot enter into the system at once. Intermixed with the air, it is carried to the air cells of the lungs, and then, in order to make its way into the system, it has to undergo a process of absorption, and I consider, therefore, that the period of incubation is not the time in which the poison undergoes the supposed fermentation, but that it is only the time required for its complete absorption.

Moreover, four elements are indispensable for the formation of malaria, heat, moisture, dead organic matter, and air. Now, in the human system we find only two of these elements, heat and moisture; in consequence, a reproduction of the poison is not possible. Why are the effects of malaria manifested in a definite periodical manner? In other words, why, in a quotidian intermittent, for example, do the attacks come every day at the same or very near the same hour? In the first place, malaria itself being a poison, it must be subjected to the great law which governs all poisons, *i.e.*, that in order to produce a morbid effect, they must enter the system in an abnormal quantity, which, of course, will vary according to their nature. As respects malaria, acknowledging, as we do, that it possesses a great power, the quantity that it will require to make an impression on the system must be small. What the precise amount is we do not know, but it must be a certain one. Now, in the same way that the action of some substances is directed to some especial organs of the body, we know that the action of malaria is principally directed to the nervous system. Having then been taken into the lungs mixed with the atmospheric element, it will begin to undergo a process of absorption by the blood, and then it will travel along with it through the arterial system.

What is the result? That the vivifying fluid, in going to the different organs and tissues, will not only give them nutriment, but will also deposit in them some of the morbid material that is contained in it. Thus part of the poison will be first deposited in the heart, and then the blood traveling through the aorta and its branches, it will deposit other portions in the brain, lungs, spinal cord, etc. Meanwhile, the absorption of the poison in the air cells going on, deposits of it will take place, until, having accumulated in the nervous system to an amount required to effect an impression, the poison makes an attack. The nervous system is partly overpowered, as indicated by the chill, a manifestation of failure in strength or power. During the chill we observe coldness and pallor of the surface, owing, perhaps, to a contraction or spasm of the vessels of the periphery of the body, from a morbid agency excited through the vaso-motor nerves. It is reasonable, therefore, to refer this morbid agency to the effect of some poison on the nervous system.

Following the chill, comes a stage of reaction; the nervous system having recovered from the shock, makes a supreme effort to return again to its natural condition and to conquer its enemy. During this stage the circulation is active, and the surface of the body is hot; there is dilatation of the peripheral vessels, owing, perhaps, to an increased demand of the tissues for blood, for during the chill, as observed, there were pallor and coldness, indicating a deficiency in the supply of that fluid.

Lastly, diaphoresis comes, puts an end to the attack, and the individual returns to his natural condition. Let us see now what took place during the attack. The poison acted, but it was also powerfully reacted on. Therefore it must have suffered during the stage of reaction. Moreover, the returning of the system to the normal state indicates that either the accumulated poison in the nervous system exhausted itself during the attack, or that it was destroyed, at least in part, by the vital power. Admitting, then, that part of it was destroyed, or deprived of its morbid properties, yet there remained some portion, which, however, not being enough to effect another impression, is, for the time being, harmless. But we have the next day, about the same hour, a second attack. Now how can this be explained? In no other way than by a new accumulation of morbific matter. I stated that during the absorption of the poison in the lungs it was being deposited by the blood in the different tissues and organs of the body, but I remarked at the same time that its action was especially directed to the nervous system, and that its affinity, therefore, for this kind of

tissue was greater than for any other. Thus, for example, the portion deposited in the liver will, after a while, leave this organ to seek another for which it has a greater affinity, to wit, some nerve centre. A similar removal of the poison from other organs will take place gradually, until at last, at the end of twenty-four hours or so, the blood will have accumulated a quantity which, added to that remaining after the first attack, will be enough to make another impression, and then we have a second attack, and so on.

It might be objected that if a portion of malaria be destroyed in every attack, after the sixth or eighth, for example, the whole quantity existing in the system having been diminished, the amount accumulated by the blood in twenty-four hours would be less than that at the beginning, and, of course, it could not produce the same effect. To this I reply that the system, after one or two shocks, probably, gets accustomed, as it were, and being so greatly impressed by the action of the poison, perhaps, after some time, a quantity of it smaller than that which acted at the beginning will produce the same effect. We know, moreover, that although there are some substances which establish tolerance in the system, there are others which, on the contrary, impress it in such a manner, that after some time they produce in diminished doses the same effect. Perhaps malaria possesses an analogous property to that of the latter substances.

Why does it show its effects sometimes in a quotidian, and at others in a tertian form? This variation in the manifestation of its effects may be ascribed to a variation in its strength. Thus, it will show its effects in a quotidian manner when its morbific power be great; and on the other hand, whenever it has been weakened by traveling long distances, or whenever its production has not taken place under very favorable circumstances, as by a deficiency of the necessary elements, in either of which cases its morbid power must be diminished, then its effects will be manifested in a tertian form; for having entered the system in a weakened condition, the amount of it necessary to make an impression must be greater than when it is endowed with full morbific properties, and hence, the blood, in order to accumulate in the nervous system the requisite quantity, will take not twenty-four, but forty-eight hours.

Again, the effects of malaria might vary in individual cases, producing, for example, in some persons a quotidian, while in others a tertian fever. This variation may depend, in some instances, on the degree of vital power of individuals, while in others it may be ascribed to some idiosyncracy.

IS STRAPPING NECESSARY IN THE TREATMENT OF INFLAMED TESTICLE?

BY T. CURTIS SMITH, M. D.,
Of Middleport, O.

This is a question I have often asked myself, when called to treat difficulties of this nature. It is truly a practical question; for upon its answer depends no little trouble to the surgeon, and annoyance, sometimes suffering, to the patient. That the strapping, when well done, will prevent further swelling of the testicle, and will promote absorption, all are probably ready to grant. But when the absorption or diminution of the swelling has fairly begun, the attendant finds it necessary to renew his strapping, in order to secure the full value of this plan of treatment. Thus he finds himself set for a daily task, not always an easy one, until the case has quite recovered.

Equable pressure will certainly secure an increased absorption, but may it not be obtained by other means, of less trouble. I think it certainly can; as by the plan of enclosing the testicle in a light rubber sac, or condom, as some have recommended. Either of these will not require to be daily changed, for as the swelling diminishes, the sac closes in also, thus keeping up a continued and equable pressure from first to last. Another advantage in using these, is the fact that cold or evaporating lotions can be as readily applied as though no sac enclosed the testicle, and much more cleanly than when the common adhesive straps are applied. Another means of effecting pressure is by the use of collodion, which, after its application, immediately contracts, bringing to bear quite a strong pressure over the entire surface where it is applied. This can be removed and renewed, certainly, more easily than the straps.

But in my experience, very few cases need strapping. I have not strapped an inflamed testicle for years. Nor have I applied any kind of pressure, and yet I think I have had uniformly good results. Many cases are very light, and need little more than a good suspensory bandage, a saline cathartic and perfect rest. In severe

cases, I put the patient in bed; give him a free saline cathartic, apply cold, *very* cold water or ice to the swelled organ, and keep it elevated as high as possible. The cold *constantly* and thoroughly applied, by which I mean that the testicle is never to be allowed to get warm, but the cold is to be kept applied continuously, will check the inflammation usually in twenty-four hours or less, and by the second day the swelling is found to be receding. After the saline has operated freely, opium in large doses is advisable, not only to allay the pain, but it should be given in antiphlogistic doses.

Very many of these cases are of syphilitic origin. When such is the fact, the free use of mercury is very judicious, or of mercury and potass. iodid. In all cases where I have any doubt as to whether the disease is of syphilitic origin, I invariably give the patient the benefit of the doubt, and give the mercury anyhow; for the reason that if it is not specific, the agent is a good antiphlogistic, and doubly so if the suspicion be correct. I have never met with a case that did not readily yield to the above plan of treatment, when well carried out by the patient and attendants.

Hospital Reports.

GOOD SAMARITAN HOSPITAL, CINCINNATI, O.

Cases from Surgical Clinic of Prof. W. W. Dawson, March, 1875.

REPORTED BY J. W. HADLOCK, M. D.

Case 1.—Stricture at Two Points; 1st in Front of the Bulb; 2d in the Membranous Portion of the Urethra.

Patient æt. thirty-two; in early life guilty of masturbation. Six years ago, after an attack of typhoid fever, he found difficulty in passing water; this increased until his urine was passed by drops. Examination revealed a stricture in the shaft of the penis, in front of the bulb. This was treated by dilatation. Three years after this he had another attack of typhoid fever, and this was again followed by difficulty in micturition, and finally by almost complete retention. The smallest sound only could be introduced. Divulsion was adopted; in this constriction, after the stricture was ruptured, the urethra was dilated every third day for several weeks. The patient left the hospital with an unobstructed urethra.

Case 2.—Hemorrhoids and Fissure Ani.

J. C. L., æt. thirty-seven. Has been troubled with hemorrhoids for several years. On examination, this patient was found to have a fissure of the anus. Prof. Dawson's operation in this case consisted in the ligation of the tumors with the silk ligature, and the cauterization of the fissure ani. After a few days the ligatures came away and the patient was allowed to walk about. In the course of two weeks he left the hospital for his home, cured.

Case 3.—Epithelioma of the Lower Lip.

A. S., æt. seventy-four. Had a tumor situated on the lower lip, about the size of a chestnut. This was excised by Prof. Dawson. The operation consisted in a V-shaped incision. On the removal of the tumor, pure carbolic acid was immediately applied to the surfaces of the wound. They were then joined by pins. A small piece of adhesive plaster was applied over the wound, and it healed readily in a few days, by first intention. Discharged in one week, cured.

Case 4.—Stricture of the Urethra in Membranous Portion Relieved by Forcible Dilatation.

J. C. E., æt. thirty-four; occupation house painter. Has enjoyed good health until about four years ago. In 1865 he contracted gonorrhœa, with which he suffered two years; the discharge, however, lessening in quantity and changing in quality up to 1867, when it disappeared altogether. About this time he experienced difficulty in passing water. This trouble increased gradually, and at times the flow of urine would suddenly stop. The stream was forked, and the desire to urinate returned every few minutes. By the advice of his physician he used a catheter, which at first was introduced freely, but it soon became difficult of introduction, and finally impossible. He then resorted to the use of bougies. This was in the spring of 1871. He could only introduce a filiform, and that only once. He then abandoned all treatment, and in consequence suffered great pain. The stream of urine gradually diminished, and about five months ago came away by drops. This state of things continued until his admission on September 3d. Prof. Dawson examined this patient and found a stricture in the membranous portion of the urethra. He operated by forcible dilatation, with the Maisonneuve instrument (without chloroform).

Immediately after the operation, he passed a full stream of urine, without pain or difficulty.

Prof. Dawson ordered one grain of opium in the afternoon, repeated in the evening.

September 4th. Patient left to-day, cured.

The occasional introduction of bougies was advised by Prof. D.

Case 5.—Ingrowing Toe-nail Cured by Removal.

Mary Ann D., æt. 26. Admitted September 6th. Has been troubled with an ingrowing toe-nail of the great toe of the left foot for about twelve months. During last December the toe swelled to a very large size, became very painful, and prevented her from attending to her business. She states that about that time Dr. Haile removed the impinging portion of the

nail, which was the external border. The toe then healed, and she was able to go about until last March, when it began growing again, and gradually increased up to the time of her admission.

She was taken to the lecture room, where Prof. Dawson removed the external border of the nail. The toe having been frozen by use of ether spray, he proceeded to dissect out the encroaching portion, making a small incision upward. Prof. D., in his remarks to the class, pointed particularly to the necessity of removing all trace of the root of the nail, to insure the success of the operation.

Case 6.—Removal of Tumor of the Axilla.

Hezekiah W., æt. 44; farmer; a large robust man of good appearance; has always been healthy. About twelve years ago a small tumor made its appearance in the right axilla. It attained the size of a pigeon's egg, and afterward remained about the same size. It gave no trouble until seven months ago, when it suddenly began to increase in size with great rapidity. Prof. D. diagnosed fatty tumor. On closing the axilla, the tumor would be forced backward quite out of the axillary space.

On January 21st, 1874, the patient was brought before the class, when Prof. D. removed it, making a single incision in the direction of its long axis. It was of about a pound in weight, and lobulated. The wound was closed by sutures and compresses applied.

Now, January 26th, it has united by first intention.

Case 7.—Stricture of the Membranous and Prostatic Portion of the Urethra Cured by Dilatation.

Michael F., æt. 32; "a young man from the country;" much above the average size of men. Had always been perfectly healthy until about eight years ago, when he contracted a gonorrhœa. Has since undergone a variety of treatment at the hands of various physicians and quacks. A gleety discharge has continued throughout, and finally a complete stricture formed, impervious to the smallest sound, although a few drops of urine was forced through with great effort.

On examination, this stricture was found to be in the membranous and prostatic portions of the urethra

Prof. Dawson commenced a gradual system of dilatation by opening up the stricture from without. After about one week, he succeeded in passing a No. 1 sound. Each succeeding day a larger sound was passed, until the largest size readily entered. Patient discharged cured.

Case 8.—Facial Tumor.

Charles N. M., æt. 36; United States; farmer; health has been excellent; no hereditary disease in family; every member enjoying excellent health; hygienic surroundings have always been good. Present trouble began seven years ago; first noticed a "pimple," and thought it a boil. The doctor supposing it to be such, lanced it, when only blood was discharged. After this it diminished in size, entirely disappearing. One year from time of lancing it began to increase in size, and has continued to do so up to the present time. Is on the right side of face, just below the malar eminence, and about the size of an egg. Has submitted to no treatment whatever. General health has continued good, and at present time weighs twelve pounds more than ever before. Prof. Dawson excised the tumor, and closed the wound with sutures.

Case 9.—Anchylosis of the Knee-joint.

Isaac B.; æt. 22 years; United States; laborer; constitution and general health moderately good; never was afflicted in any way previous to attack of present disease, except swelling and suppuration of one of the glands below Poupart's ligament, which was not entirely healed when present trouble began. Never had any other symptoms of syphilis; mother died of consumption; cause of father's death unknown; habits good; hygienic influence has been unfavorable.

History of Present Disease.—Cause supposed to be syphilis; date of seizure one year ago last January; commenced with pain in calf of right leg, with intense swelling of leg and thigh, which commenced to subside about the seventh month, and was not entirely gone until the ninth. All this time he was confined to bed. At expiration of the ninth month was able to walk with a crutch, having an anchylosed knee-joint. Shortly after the pain commenced in the leg, the wrist became swollen and painful, which lasted about four months. Also had pain and swelling in the metatarso-phalangeal articulation of the first toe of left foot.

Previous Treatment.—Internal remedies, with application of blisters, after the disease had continued for a month.

Present Condition of Patient.—Complete immobility of right knee-joint. The patient is able to walk, but the limb is kept perfectly straight; appearance of joint normal. The patella over the joint is slightly moved.

Diagnosis.—False anchylosis. The patient was anæsthetized, and the adventitious structures broken up, and a free use of joint obtained. Prescribed cold to joint and a free use of it.

Case 10.—Hydrocele.

F. M. H., æt. 24 years; occupation teacher; constitution and general health good. No hereditary predisposition; no previous disease or injury; habits good; hygiene good; there is no known exciting cause of present disease. Date of seizure ten years ago, when he noticed a swelling of right side of the scrotum, that has gradually increased to present time. Never had any pain in it; no previous treatment.

Present Condition of Patient.—Right side of scrotum enlarged to three times its natural size. Enlargement greater above than below; pyriform in shape; skin over part normal; fluctuation distinct. The parts are translucent. The testicle is situated behind and above.

Diagnosis.—Hydrocele.

On the day of his admission, March 10th, Prof. Dawson drew off, with the trocar, four ounces of fluid, and injected alcohol.

Subsequent Treatment.— Support to parts; rest and cold applications.

March 13th. Patient doing well, some pain and swelling.

March 14th. Left Hospital, improved.

April 16th. Returned to have fluid drawn off, about a pint in quantity. Returned home next day.

May 19th. Returned; Prof. Dawson drew off four ounces of straw-colored fluid; injected one drachm of iodine; patient put to bed. *Evening* Rests well; scrotum on left side very much swollen; no pain.

May 22d. Patient remained in house four days; left this morning; swelling nearly as large as at first; no pain. The swelling in this case, after leaving the Hospital, disappeared, and the patient is now well.

Case 11.—Morbus Coxarius—Recovery by Sayre's Apparatus.

Jno. F. C., æt. 5 years; constitution and general health good; no hereditary predisposition; hygienic influence good; present disease commenced seven months ago; exciting cause supposed to be a fall in the cellar; did not notice much to be the matter with his leg until five months afterward, except a little pain in region of hip, with some lameness. At the end of five months it began to get more painful, and lameness more marked.

Present Condition.—Boy states that it does not give him any pain. When standing, the limb appears lengthened and turned outward; hip flattened; gluteo-femoral fold obliterated.

Diagnosis.—Morbus coxarius, second stage.

Treatment.—Rest, with extension of the limb by weights.

March 25th. Prof. Dawson applied Sayre's apparatus, and permitted him to walk in the house during the day, but takes off during the night and reapplies weights, viz., two pounds.

Case 12.—Cancer of the Face—Recovery.

Alice B., æt. 23; Kentucky; occupation domestic; admitted March 25th. Father died of consumption; always unhealthy. When eight years of age felt a tickling sensation at root of tongue, followed by great pain, of a stabbing character. Shortly after this she had a sense of constriction of the throat, which gradually increased for six months, when a very small blue lump was seen in her throat, which increased slowly in size for two years, when it was about the size of a grain of pepper. This was removed by knife, but reappeared two years afterwards. An attempt was then made to destroy it by saturating a cloth with nitric acid and placing it on the face. The application remained from eight o'clock in the evening until four o'clock next morning, during which time she was supposed to be dying. The cloth was kept wet all the time it was on by adding nitric acid. On removing the cloth, part of the nose, about half of the upper lip, a large portion of the superior maxillary and anterior portion of the palate bones came away, leaving a deep chasm, which remained partly open until June 7th, when Prof. Dawson performed an operation for its closure, by restoration of the upper lip. He did this by dissecting the soft parts from the bones of both sides, as far back as the angles of the mouth, and as high up as the malar bones, sliding the soft parts toward the median line, paring their edges, and maintaining them there by hare-lip pins. The contraction of the parts by cicatrization, resulting in part from the operation, and in part from the action of the nitric acid, caused ectropion of the left lower eyelid, for which Dr. Buckner performed an operation, March 24, 1874.

March 26th 1875. Patient has recovered entirely from the operation of Prof. Dawson. The nose, although not normal in size, is normal in every other respect. Upper lip entirely closed.

Case 13.—Hare-Lip.

Leonard L., æt. seven months; admitted March 30, 1874. Has hare-lip on right side of median line. There is also an imperfect development of the superior maxillary bone, leaving a fissure complicating the hare lip.

Prof. Dawson performed the operation for hare-lip, by dissecting up the lip for a short space at the upper part of the fissure. Then the edges of the fissure were pared and brought together by three sutures, bringing the parts in perfect apposition. A hare-lip pin was then introduced through both lips and fastened by an ordinary figure-of-eight thread; adhesive plaster was then kept over the wound. After treatment consisted of cold application, frequently changed, with fifteen drops tincture opii camph. at nights, to produce rest.

April 1st. Doing well; slight flattening of right alæ nasi. 2d. Resting well. 4th. Dressing removed; lip united except at superior part of fissure. Simple cerate was applied, some milk flowing through opening while nursing. 6th. Union gave way last evening; at present the fissure is as extensive as before; no improvement whatever. Left the house to day, April 6th.

Case 14.—Erysipelas.

W. H. W., æt 58; United States; occupation merchant; admitted March 21st. A man weighing over two hundred pounds, with fine constitution. No hereditary predisposition. Has had erysipelas every spring, for last four years. Habit and hygienic influence excellent; date of seizure March 20th; commenced with a distinct chill followed by fever. Only a few hours after the chill noticed redness and swelling of nose, rapidly extending to face, forehead, ears, neck, etc. States that he kept cold water applied during afternoon and evening of attack.

Present Condition.—Ears, face and neck largely

swollen. States that there is a constant burning sensation. The redness disappears on pressure. Temperature, when admitted, 99° Fahr. Pulse 100.

Diagnosis.—Erysipelas.

Treatment.—Prof. Dawson kept the parts well covered with equal parts of glycerine and water. Taking quinia sulph., gr. iij, every three hours; morphia at night.

March 23. Erysipelas not extending; temperature and pulse the same.

March 24. Much improved; redness disappearing; temperature and pulse normal.

March 27. Not so well; face more swollen; suffers considerable pain in the head; redness extending down the back; temperature 103° in the evening; pulse 100. Prof. Dawson gave tinc. ferri chloridi and potass chlor. in conjunction with the quinine every three hours; chloral at night, to cause sleep.

March 28. Temperature and pulse about the same.

March 29. Temperature 100°; pulse 92; extending but very little.

March 30. Temperature normal in morning; 101° in evening; face much better; but little pain.

March 31. Evening temperature 103°; pulse 105.

April 1. Slowly improving. Disappearing fast on neck and back; extending since, down back and arms.

April 5. Much improved in every way.

April 10. Erysipelas entirely disappeared.

Case 15.—Abscess of the Tibia Removed by Trephining.

Jno. Q., æt. eighteen years, shoemaker. Good constitution and general health No hereditary predisposition; no previous disease or injury. Hygienic influences have been good.

Exciting Cause.—Fell and struck his knee against the step two years ago, and went skating next day, and states that next morning knee became swollen and painful; in about three days an abscess appeared just below the patella, which continued suppurating about two months before it healed. A few days after the first abscess another appeared on the anterior part of the leg, at about the junction of lower with the middle third. Also another on under side of the knee. Says wherever there was the least manifestation of soreness an abscess appeared.

Present Condition.—Leg is slightly bent at knee-joint; a large sore on the anterior aspect of leg, commencing about an inch below the knee, and extending downward about four inches. Says when present opening appeared, the leg was greatly swollen and discharged about a gallon of pus. This opening commenced some two or three weeks after the other. About four months after the abscess opened, a bone, four inches long and one inch wide, was taken from the leg. It continued suppurating until about two months ago. On the day of his admission Prof. Dawson chloroformed the patient and enlarged the opening; found caries on anterior part of tibia. He also trephined the tibia about the middle of the opening, and found destruction and suppuration of medulla.

Treatment.—Cold application with a sponge kept applied to the opening to prevent hemorrhage.

March 19. Sponge plug removed, but had to be replaced on account of bleeding.

March 20. Sponge removed and reapplied morning and evening.

March 21. Hemorrhage rearrested; suppuration commenced; linseed poultice applied, changed three times daily.

March 25. Suppuration healthy; wound closing with healthy granulations.

March 30. Doing well.

April 20. Patient left the house. Wound about one-third its original size. Still suppurating. The orifice in the bone entirely closed. Poultice continued.

Case 16.—Fistula Ani—Operation—Recovery.

D. C. S., merchant; admitted April 15. Constitution and general health good. Exciting cause due to an abscess in ischio-rectal region, September 1873. The abscess was situated about one inch from anus on the left side. The opening never closed, and now a fistula remains.

Present Condition.—A small dark cicatrix was seen about an inch from the rectum, also a small opening near the rectum.

April 16th. Prof. Dawson opened and explored the cicatrix, and found that it communicated, by an opening, with the rectum, an inch above the anus. He thrust a groove directory through it, and opened it up, completely dividing the sphincter. The wound was filled with lint; one-third grain morph. sulph. was given, to allay pain and close the bowels.

April 18. Resting well; some discharge.

April 20. Left hospital with wound almost healed.

Case 17.—Amputation of Foot—Death from Pyæmia.

George J., æt. 19; teacher; admitted April 25. A man of good constitution, and good general health. No hereditary predisposition. Habits and mode of life good. Hygienics excellent. Present trouble commenced about two months after birth. States that his parents noticed at that time that his left ankle was smaller than the right. He commenced to walk when one and a half years old, but had to have a shoe made to support left ankle His right leg grew faster than the other, so that he was obliged to have a high heel on left shoe. With this shoe and iron brace he continued to walk until eleven years old, when his sound leg became so much longer than the other that he had to use crutches, which he has continued to use to present time.

Present Condition.—Left thigh not more than half the thickness of the other, but is the same in length. The leg is not more than one-half as long, and no more than a third as thick.

The foot corresponds in size with the leg. He seems to have full control of all his muscles, so that he can flex the leg upon the thigh forcibly.

April 27. Prof. Dawson amputated the foot to-day, by Esmarch's method, performing the circular operation. No difficulty was experienced in ligating the blood vessels. Not a drop of blood was lost.

April 28. Patient rested well after taking one-half grain morphia

April 29. Says he feels as well as ever. Pulse 112, temperature 103¾° A faintly pink hue at outer side of leg, extends from wound about two inches up leg. Evening. Patient feels well. Pulse 100; temperature 103⅜°.

May 10. Abscess formed above knee joint, which Dr. Orr lanced. One-half gallon pus was discharged. The running of abscess continued until June 17, when he died.

June 14. Vomited this morning. Lime water and milk given.

June 15. Vomited again this morning.

June 16. Vomited again this noon. Patient extremely emaciated; when vomiting commenced the abscess ceased to discharge. Diarrhœa set in May 15, and continued with slight remissions throughout the entire course of illness. Quinia, gr. ij., pulv. opii, gr. ss., was given after each evacuation of bowels. Tinc. ferri. chloridi, gtt. xv, ter die, was ordered by Dr. Orr May 20. Quinia. sulph., gr. iij., was given throughout the whole time after abscess had been opened. Cause of death, pyæmia.

Case 18.—Exostosis of Inferior Maxillary—Death from Chloroform.

Hiram J., æt. 16; parents both living; says his health has always been good. States that his brother had tumor removed from left side of face, the character of which was unknown. Patient states that three or four years ago a swelling commenced on left side of symphysis of chin. Swelling has gradually increased; pain not severe.

Present Condition. — Left side of face much larger than right, of a reddish color; there is no opening in the jaw, no discharge.

Prof. Dawson made an incision into the affected part, while under influence of chloroform, and found a softened condition of the bone, and while removing part of the jaw the patient ceased to breathe. Artificial respiration was immediately resorted to, but all that could be done failed to restore the patient.

Case 19.—Amputation of the Cervix Uteri—Recovery.

Jennie L., æt 27; housewife. States that she has always been healthy; that her parents were both of sound constitution. Has had one child that died soon after birth; five months ago she felt pain in the region of her womb. There was a bloody discharge, of offensive odor.

On examination, Prof. Dawson found on the cervix uteri a cauliflower excrescence.

June 24th. Prof. Dawson amputated cervix by ecraseur. No chloroform used.

July 8th. Patient left the house, twelfth day after operation, well.

Case 20.—Tumor of the Breast Successfully Removed.

Maggie F., æt. 19. Father, mother, and one uncle died of consumption. No previous disease or injuries; constitution and general health good. Present trouble began some months ago. Noticed right mammary gland becoming enlarged, and hard; sharp, darting pain extended through the chest to the back; the tumor increased in size till present time.

Present Condition —Right breast considerably enlarged and very hard. By manipulation this is found not to be connected with subjacent tissue. The pain at intervals is severe, extending to back. Skin over the tumor loose.

Prof. Dawson extirpated the gland with the tumor, and found the tissues very dense, with commencing softening in the centre. The incision was entirely closed by sutures, and covered by adhesive plaster. A compress and bandage around the body was then used; ⅛ grain morph. sulph. was given. Anæsthetic used was ether.

July 17th. Patient resting well; some soreness.

July 18th. Half of stitches removed; parts looking well; no suppuration.

July 20th. All stitches removed; adhesive plaster and compresses used; healing by first intention.

July 23d. Considerable pain in chest, of darting, lancinating character. Twitching of muscles of chest and neck; rigidity of one of the masseters, with difficulty of separating the jaws Ordered ⅛ grain morph. sulph.

July 24th. Rested poorly through the night, although twitching of muscles ceased. Ordered one scruple hyd. chloral.

July 25th. Twitching returned, with rigidity of sterno-cleido mastoid. Twitching ceases when attention of patient was directed from her disease. Countenance placid; pulse and temperature normal; urine increased in quantity; all of which show that the manouvers are hysterical. Dr. Connor ordered pot. brom., ʒj. repeated every two hours if necessary.

July 26th. Twitching ceased; wound partly closed by first intention. Upper part discharges dark-colored pus.

July 28th. Attacked during the night with vomiting; bowels constipated; ordered soda bicarb., grains five, with calomel, grains five.

July 30th. Still unable to retain anything; ordered bismuth, grains ten, and creasote, one drop.

August 2d. Vomiting ceased; wound closed, except at upper part, which is still suppurating.

August 10th. Patient left house; opening not entirely closed; granulations of an unhealthy character.

Case 22.—Chronic Ulcer.

Mary C., æt. 25 years; brother died of consumption; had a small round ulcer on left knee three years ago; states that both knees

swell, and are very painful, every winter; attributes cause to bathing and catching cold.

Present trouble began four weeks before admission, as a little hard lump on inside of right knee, which increased in size, and softened, until two weeks before admission, when she opened it, and a little serum exuded. Soon after this it began to suppurate, and continued to do so until admission.

Present Condition.—A round, deep ulcer, situated on inside and just above the right knee. The bottom of the ulcer lined with yellow, unhealthy granulations.

Diagnosis.—Chronic ulcer.

Treatment.—Prof. Dawson prescribed

℞. Cerat simp., ℥j
Acid carb., gtts xv. M.

And applied to ulcer also five grains iodide of potass., ter die, internally.

Fourth day. Bottom of ulcer looking healthier; treatment continued; pain at night intense.

Ninth day. Prof. Connor ordered, on account of intense pain,

℞. Chloral hyd., ʒj
Aqua destil., ℥j.

Tenth day. Chloral wash discontinued on account of exaggeration of pain; salve continued.

Fifteenth day. Healthy suppuration from the ulcer; pain at night not so severe. On account of a free indulgence in green apples the day previous, she is suffering from vomiting at present time; watery discharges from the bowels, and severe pain; seidlitz powders were taken.

Seventeenth day. Vomiting and diarrhœa continuing, ordered tablespoonful Hope's mixture.

Eighteenth day. Still unable to retain anything on her stomach; diarrhœa checked; ordered milk and lime water, and bismuth sub. nit., fifteen grains, creasote, one grain, every four hours.

Twentieth day. Vomiting, etc., ceased; ulcer granulating rapidly, about one-half its original size.

Thirty-fourth day. Left the house; ulcer entirely cured.

Case 23.—Hydrocele—Syphilitic Disease of Testicles—Excision.

Andrew B., æt. 43; man of strong constitution and healthy appearance; hygienic influence quite good; has been a hard drinker for twenty years; has syphilitic history; states that his present trouble began about nine years ago. While riding a horse, the horse became frightened and fell upon his knees, throwing him forward on the pommel of the saddle. He was confined to his bed one week, after the accident, during which time he received no treatment. When able to leave his bed, he noticed enlargement of the testis to the size of an egg.

It remained this size for a period of three years, after which time it gradually grew larger. In May last, tumor was tapped, and water, to the extent of two quarts, removed. Since which time, three tappings have been made, with the same result.

Diagnosis.—Hydrocele, with induration of left testis.

Ninth day. Prof. Dawson tapped the hydrocele, and drew therefrom one quart of bloody water; he found that the testis was diseased, and concluded to remove it, which was done as soon as the patient was under the influence of chloroform. A straight incision upon the anterior surface of the scrotum was made, and the tumor turned out, and cleaned from lesions. Cord tied; tumor removed. The parts were brought together by means of three sutures, enough being left open to allow drainage. Patient removed to ward; parts placed, and cold applications made; gave one-third grain of morphia

Tenth day. Patient suffered considerably through the night, although morph. sulph, one grain, was taken. Temperature 101½°; pulse 102.

Eleventh day. Slept well through the night; wound suppurating and looking well; linseed poultice applied instead of cold applications.

Twelfth day. Stitches removed; looking well; temperature and pulse normal.

Twentieth day. Ligature removed; scrotum reduced to normal size; wound healing rapidly by granulation.

Fifty-first day. Patient left, well, the parts having entirely healed, and he himself feeling better than he had for several years.

Editorial Department.

Periscope.

Remarkable Case of High Temperature.

Mr. Teale, of Scarborough, brought an entirely unique instance of high temperature before the Clinical Society of London, at a recent meeting.

A young lady, thrown from her horse in the hunting-field, at the beginning of September, 1874, sustained fracture of two of her ribs and some obscure injury to the spine. In due course the fractured bones united, and all would have gone well, but that the pain and tenderness in the back ominously persisted. Symptoms of spinal meningitis set in, and, concur-

rently with them, the temperature of the body, which had regained the normal shortly after the accident, began to rise. One month after the accident it was 101°; in another month it reached 105°; and thence its extraordinary and unprecedented progress can only be reckoned by days. Between November 8th and 12th it fluctuated between 110° and the great elevation of 118°. But it did not stop here. The next day it, on two occasions, reached 122°, falling in the interval to 114°. Thence the rise and fall of the index of the thermometer was strange in the extreme, and it would be tedious to refer here to all its fluctuations. Suffice it to say that it kept, for three weeks, between a minimum of 108° (on one occasion only) and a maximum of 122°; throughout December it registered the comparatively low level of 110° during the first half of the month, mounting up to between 112° and 114° during the second half; and then, in the early days of January, it rapidly subsided to 104°, becoming normal on the 10th of the month. The condition of the patient during this very super-normal state of body heat was, save in the periods of highest range, apparently not one of extreme danger; we gather, indeed, that during December her general health was improving and the spinal symptoms were slowly but surely subsiding. Nor were the circulatory or respiratory functions much deranged, the pulse never being above 120, and the respiration not being notably embarrassed. To be sure, she emaciated much, and was extremely prostrate; the catamenia ceased, and the urine was very scanty and loaded; but a continuous body heat of 102° or less, lasting for two months, would *a priori* have done as much.

The Diagnosis and Treatment of Placenta Previa.

Dr. Charpentier, in the *Archives de Tocologie*, gives some practical directions on this subject:—

If attention be paid to the following points, the diagnosis can be made without much difficulty. First, the time at which the hemorrhage first makes its appearance, viz., from the seventh to the eighth month, in some rare cases as early as the sixth month; the fact that it comes on suddenly, without any known cause, and stops as suddenly; and that it reappears at uncertain intervals, but in increasing quantities, up to the time of labor. Second, the absence of ballottement, the thick mass of the placenta being interposed between the finger and the fœtal presentation.

The hemorrhage, in cases of placenta previa, is always external; it takes place during the uterine diastole, but is expelled during the systole, and if the latter were continuous it could hardly take place at all.

Artificial delivery is a most dangerous method, only suited to most urgent cases. The rupture of the membranes is very good treatment, provided the os is partially dilated. It is hard to do when the presentation is complete. The use of ergot is a powerful auxiliary, but it increases greatly the danger to the child, and is contra-indicated in contraction of the pelvis, organic disease of the uterus, and mal-presentation.

The author looks upon the plug as the treatment *par excellence*. It requires to be applied skillfully to be of any great use. Charpie or tow are the best materials with which to plug, and if properly applied, the author considers such a plug superior to any description of India-rubber bag which can be introduced into the uterus and inflated. The great point to attend to when plugging is to introduce enough of the charpie or tow, as much as a pound and a half of the former material being sometimes necessary. The bladder and rectum should both be emptied before we proceed to plug. Some practitioners dip the first pledget in a solution of perchloride of iron. This is not necessary.

The charpie should be rolled into small balls, the first twenty or thirty of which should have a piece of thread attached. Before being introduced they should be well covered with cerate. This renders a speculum unnecessary.

The author lays great stress on packing tightly the anterior and posterior cul de sac, but especially the latter. The success of the operation depends to a great extent on this being well done. The vagina itself should be filled with the small pledgets, until they appear externally. Then you apply a handful or more of dry charpie, and over that three or four compresses, the whole being fixed by a T bandage. If this plug be well applied there can be no hemorrhage. If the charpie at the vulva become moist it is a proof that the plug is badly applied, and it should be removed at once and reapplied. To be of much service the plug should be left in from 12 to 24 hours.

The Remedial Use of Sea Water as a Beverage.

Dr. Lisle, in the *Bulletin de Therapeutique*, recommends sea water as often beneficial. He finds that its continued use increases the appetite, facilitates digestion, quickens nutritive changes, and augments the proportion of red corpuscles in the blood. Accordingly he recommends:—1, during convalescence from acute diseases; 2, in the apyretic forms of dyspepsia; 3, in neuroses associated with impoverishment of the blood; 4, in the scrofulous and tuberculous diathesis; 5, in diabetes. Sea water may be agreeably administered in bread, in the form of a syrup, or in that of an elixir. Bread made with sea water can only be procured at the seaside; it is very palatable, and contains nearly five grammes of the mineral constituents of the water in each pound. The syrup is prepared by mixing 250 grammes of sea water with a sufficiency of sugar and distilled water to make 500 grammes. Each tablespoonful of the syrup contains about twenty-five centigrammes (3¾ grains) of the saline residue of sea water; from two to five tablespoonfuls may be taken daily. The formula for the elixir is: sea water, 200 grammes; rum, 200 grammes; sugar and distilled water up to 500 grammes.

The dose at first is a tablespoonful three times a day.

To the obvious objection that a pharmaceutical mixture of the saline constituents of sea water in their due proportions would serve the same remedial purposes as the sea water itself, Lisle replies that the efficacy of all natural mineral waters is very much greater than that of their manufactured counterparts, the testimony of those who have instituted comparative trials being all but unanimous on this point.

The Relations of Heart and Liver Disease.

Dr. MacSwiney, in a lecture reported in the *Irish Hospital Gazette*, on a patient with cardiac and hepatic disease, remarked:—We may be sure the patient had rheumatic fever two years ago, and no doubt one of the most disastrous of the occasional complications of that affection arose then, and he got endocarditis; this serious inflammation left after it some of those organic lesions in the interior of the heart which too often are its results, and, as a consequence, permanent structural disease and impairment of the efficiency of the valves has for some time existed. To this general valvular disease I trace all the subsequent pathological events. Thus as to the dropsy:—Ascites is always produced by the retardation, from some cause, of the flow of the blood through the portal system. I have no doubt that such impediment to the venous circulation in the abdomen has occurred in this case, through an obstruction existing in the liver, and that obstruction I believe to be due to cirrhosis of that organ in the early stage. The investigations of our countryman, the late Mr. Kiernan (*Philosophical Transactions*, 1833) were the first to cause more accurate knowledge than previously existed of cirrhosis of the liver to be obtained. Even still, however, all are not fully agreed as to its essential nature; but whether we hold, as most do, that this lesion begins by a chronic inflammation of the capsule of Glisson, followed by the exudation of an organizable blastema, with, ultimately, contraction of the connective tissue and consequent pressure on the secretory parenchyma and the portal vein; or maintain with Beale that there is no evidence of inflammation at all, and that the morbid change in cirrhosis commences in the hepatic cells, which undergo degeneration, and finally are destroyed; we can understand how, in either case, the portal circulation must be sooner or later impeded.

Clinical observation shows us that the primary condition of the liver, of which the last stage is cirrhosis, may be due to one of many causes. Of these, abuse of spirituous liquors, constitutional syphilis, persistent intermittent fever, and diseases of the heart, are the most important. To the last-named cause I refer the origin of the disease in the present instance. It can scarcely be said to be due to alcoholism, for though indulging in beverages of that class rather freely, he was not, as we have seen, very intemperate. Moreover, the liver was not greatly reduced in size, as it is in alcoholic cirrhosis; nor to syphilis, for he never had a chancre; and the history of rheumatism, together with the present cardiac signs, prove the existence of heart disease, and point to that as the probable origin of the affection of the liver. But you will ask, how can the cardiac affections cause this change in the liver? I answer, that derangement in the circulation of the liver has been recognized by many observers as resulting from disease of the heart, and, in fact, it has been demonstrated that this relation does exist. I take this opportunity to commend Trousseau's lecture on this subject to your perusal. He adduces overwhelming evidence in support of his view that cirrhosis is due to cardiac disease sometimes; and in my opinion it is not difficult to understand the several steps in the morbid process. The result of insufficiency of the valves is, after a time, a stasis of the blood in the liver; then follow, first, hyperæmia, next the exudation or degeneration which is the factor of the cirrhosed state, then, lastly, dropsy.

The Long Tube in Intestinal Obstruction.

The value of the long tube, shown some years ago in the REPORTER, by Dr. Thomas Hay, is illustrated by the subjoined case, reported in the *Medical Press and Circular*, by Dr. N. W. Colahan.

On Sunday, the 1st of November, I was called at 11 o'clock at night, to the workhouse hospital, to see a man who had been admitted with obstruction of the bowels. He told me his bowels had not been moved for six weeks. He had taken eleven purgative pills, three doses of salts, and, on the day of admission, a large dose of castor oil, none of which produced any effect. His abdomen was enormously distended, hard and tense on pressure, he had stercoraceous vomiting, and was extremely weak. I ordered him a warm bath, to be followed by a purgative enema,

℞. Ol. ricini, fl.℥j
Ol. terebinthinæ, fl.℥ij. M.

to be given with warm water; beef-tea during the night. On Monday his bowels had not been moved. The stercoraceous vomiting continued, and he was decidedly worse. I ordered the warm bath to be repeated, prescribed a purgative pill containing croton oil, two minims, followed by an enema similar to the first. On Tuesday the bowels were still unmoved; the stercoraceous vomiting had increased in frequency and amount. The pulse was almost imperceptible, and the man was evidently sinking fast. The stomach would retain neither nourishment nor medicine; enemata had proved useless, and there was but one chance left—to catheterize the bowel with the long tube. I sent for the tube of the stomach-pump, as it was the only one long enough, and passed it, per anum, to its entire length. When it reached the top of the large bowel an enormous quantity of gas which had been confined there came

away through the tube, with a loud roar. I then gave a strong purgative enema,

℞.	Ol. ricini,	fl.℥ij
	Ol. terebinthinæ,	fl.℥ij
	Ol. crotonis,	♏iij
	Mucilagum,	fl.℥iv. M.

followed by large quantities of warm water, and withdrew the tube, and in about three minutes there was a copious evacuation from the bowels, and the man felt much relieved. Beef-tea to be continued. Brandy every fourth hour. On Wednesday the vomiting had ceased, the pulse was strong, but the bowels had not been moved naturally, and, as there was still great distention of the abdomen, I again passed the tube, and the bowels were again moved by an evacuation that lasted several minutes. From that moment the bowels began to move naturally, and the man improved rapidly, and on Tuesday, 10th of November, nine days after admission, I discharged him cured.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Physicians, as well as business men, would do well to notice that *Petersons' Counterfeit Detector and National Bank Note List* is a reliable safeguard against all counterfeit notes. It is issued on the 1st and 15th of each month. It is said there are more counterfeit notes in circulation now than ever before. Terms of subscription: For the monthly issue, $1.50 a year; semi-monthly, $3.00 a year; single numbers, 15 cents. Subscriptions may commence with any month.

——Dr. Lapeyrere has just had published "*Notes d'un Journaliste sur la Medicine et la Chirurgie Contemporains.*" It contains articles by Dr. Ollier, on sub-periosteal resections; Guerin, on raw cotton dressings; Chassaignac, on linear ecrasement; Dieulafoy, on the aspirator, etc., with forty woodcuts, and copious indexes. Published by Adrien Delahaye, Place de l'Ecole de Medecine, Paris. Price 4 francs and postage.

——A French medical Canadian journal on practical hygiene is *Le Guide Sanitaire*, published at Montreal, by Tardiff and Turcote.

——The second of the "*Series of American Clinical Lectures*," published by G. P. Putnam's Sons (Fourth avenue and Twenty-third street, New York city), has appeared. The subject is "Acute Rheumatism in Infancy and Childhood," by Dr. A. Jacobi. It is an excellent lecture, and with such contributions the venture will be sure to succeed. Price 40 cts.

We have received:—

Twenty-sixth Annual Announcement of the Woman's Medical College, of Pennsylvania.

Seventh Annual Report of the Pennsylvania Society for the Prevention of Cruelty to Animals.

Catalogue of the Jefferson Medical College, Session of 1874-75.

BOOK NOTICES.

Chemical Examination of Alcoholic Liquors. A Manual of the Constituents of the Distilled Spirits and Fermented Liquors of Commerce, and their Qualitative and Quantitative Determination. By Albert B. Prescott, M. D., Professor of Chemistry in the University of Michigan. New York, D. Van Nostrand, 1875. Cloth. 12mo, pp. 108.

This useful manual is replete with just such information as every physician should possess who employs alcoholic stimulants in his practice. Much of the uncertainty which attends their use unquestionably arises from the frequency of their adulteration with foreign and harmful substances. As the author remarks in his preface, legal provisions protecting the consumer have been enacted in every civilized country except our own; but with us, the law offers no protection whatever against impurities and sophistications. All the more important is it that physicians should be able to test for the more common and injurious additions, at least. Of these may be mentioned fusil oil, picrotoxin, aloes, creosote, oxalic acid, cocculus indicus, etc. The author gives the most reliable and simplest methods of examination, expressed in language which only requires for its comprehension an ordinary acquaintance with chemical science, but with sufficient fullness of detail to answer for commercial, hygienic and legal purposes.

Secrets of the Sanctum; An Inside View of an Editor's Life. By A. F. Hill. Philadelphia, Claxton, Remsen & Haffelfinger, 1875. Cloth, pp. 312.

All who wish to learn the mysteries of the

craft, should buy this book. It seems to disclose all the tricks of the trade; at least, it tells us more than we have learned during several years on the editorial tripod. Now and then, the criticisms of the author appear a trifle overdrawn, as when he says (page 26), "never say 'insane asylum,' as the building itself is usually in its right mind. Say 'lunatic asylum.'" Now if the same criticism does not also apply to the latter expression, our views differ. Either expression is correct. Altogether the book is thoroughly readable, and ought to be popular.

Physiological Arrangement of the Cranial Nerves. By Edward Rives, M. D. Robert Clarke & Co., Cincinnati. Price 60 cents. Cloth.

This consists of a broadside, folded and bound in octavo form. It is in four columns, the first giving the name of the nerve, the second its place of origin, the third its exit, and the fourth its distribution. For students, and those desiring to refresh their memories, it will be found a convenient arrangement.

Conchologia Cestrica. The Molluscous Animals and their Shells, of Chester county, Pa. By William D. Hartman, M. D., and Ezra Michener, M. D. With numerous illustrations. Philadelphia, Claxton, Remsen & Haffelfinger, 1874. Cloth, 12mo, pp. 114.

The natural sciences have always found diligent students among physicians. In this interesting monograph we have the united labors of two members of our profession, devoted to the exploration of one department of natural history within the county of their residence. Years ago another physician, Dr. William Darlington, almost or quite exhausted the phænogamous and filicoid botany of that county, in his *Flora Cestrica* (1837); and the present work pursues, in a thorough and careful manner, the classification of the molluscous animals occurring in the same area.

The descriptions are clear and brief, and the numerous illustrations are beautifully printed, and add vastly to the interest and value of the manual. The habits of the animals are noted, and doubtless even professed zoologists will find much in the work to interest them. The paper is toned, and with a fine surface, setting forth the cuts with advantage.

The motto of the book, we may note, "an undevout philosopher is mad," if intended to be a quotation from Young, is misquoted. Nor can we assent to the assertion in the preface, that the study of nature "irresistibly leads" to religious thought; it seems to us that it has just the contrary tendency now-a-days.

The Globe Dictionary of the English Language. Etymological, explanatory and pronouncing. Illustrated. Boston, Estes & Lauriat. For sale by J. B. Lippincott & Co., Philadelphia. Price $1.50.

A convenient, well printed, fully illustrated, neat dictionary, but not adapted to "spelling bees," on account of the English orthography, as "labour, favour," for "labor, favor," "traveller" for "traveler," "pedler" for "peddler," etc. The definitions, which we have compared with Richardson, Johnson, and Webster, follow much more closely the latter than the English standards. It is tolerably full in medical terms, sufficiently so for the general reader. The binding is tasteful and the type clear.

The Waverly Novels. By Sir Walter Scott. Peterson's cheap edition for the million. Guy Mannering; The Bride of Lammermoor; The Fair Maid of Perth; Ivanhoe; Price of each 25 cents; for the complete set, 26 vols., $5.00.

A Life Secret. By Mrs. Henry Wood. Price 75 cents.

The Spectre Lover. By Mrs. Southworth. Price $1.75. Peterson & Bros., Philadelphia.

Annette; or the Chronicles of Bellevue. By Charlotte Walsingham. Claxton, Remsen & Haffelfinger, Philadelphia.

It is well, now and then, to *miscere utili dulce* by the perusal of some of the lighter works of the imagination, and we give the titles above, of a few of the later publications in this field. The Waverly novels are immortal and forever fresh, and the really astonishing cheapness of Messrs. Petersons' edition bring them within the reach of every one. Mrs. Southworth's and Mrs. Wood's works, which we mention, are excellent examples of the styles of those talented authoresses. "Annette," by a writer less known to the public, is a pleasing drama of domestic life at the close of the last century.

THE

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D. G. BRINTON, M.D., EDITOR.

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THE MYSTIC, LOUISE LATEAU.

Earlier in this volume (Reporter, March 6), we discussed "The Pathology of Entheasm," more particularly from its psychological aspects. The intense interest which has been excited in the medical profession of Europe by the case of Louise Lateau, leads us at this time to treat the topic in its more peculiarly physical aspects. This singular mystic was made, last fall, the subject of an address by Professor Virchow, and quite recently a commission appointed by the Royal Academy of Medicine, of Belgium, has reported on her case. An article, also, on "stigmatic ecstasy," in the *Gazette Médicale de Paris*, March 6, is prompted by her case. From these sources we glean a pretty full history of it:—

"Louise Lateau was born at Bois d'Haine, in Belgium, where she still lives, on January 30, 1850. She had a miserable childhood, troubled by numerous diseases; the menses only appeared when she was eighteen years old. In March, 1868, she felt wandering pains of great intensity, completely lost her appetite, and brought up blood on several occasions. She passed a whole month on low diet, and consequently fell into a state of such weakness, that on April 15 the last sacraments were administered to her. However, she soon rallied. On the 19th the periodic function commenced, and lasted three days, when she grew better so rapidly, that on the 21st she was able to go to mass in the parish church, about a mile and a quarter distant from her home. With regard to her mental condition, Louise had always liked solitude and silence; from her earliest childhood she repeated her morning and evening prayers with the utmost fervor, and had a particular love for prayers relating to the passion of the Saviour."

Not long after the functions were established, she commenced to experience on every Friday severe pains in the forehead, in the left side, and on the dorsal surface of the hands and feet, followed soon by an oozing of blood. These are the *stigmata*, or marks corresponding to those inflicted on Christ during his crucifixion. The oozing disappears after Friday, and does not recur until the next Friday, that being the day, according to tradition, on which the crucifixion took place.

Since March 30th, 1871, Louise asserts she has not tasted any food or drink, and has not had any action of the bowels, nor has she passed any urine. Her menstruation, however, continues regular. Such is her story.

When the Belgian commission examined her, last September, they found a young woman of twenty-five, five feet four inches in height, weighing 117 English pounds, pulse regular, moderately strong and rather quick (80 to 100), lips red, teeth white and sound, complexion rather chlorotic. The respiration was normal, her breath sweet and indicating the normal proportions of vapor of water and carbonic acid.

Here was no indication of a hysterical subject, and the epigastric and dorsal pains peculiar to such were entirely absent. But it was on the Friday stigmata that the Commission were most intent. On Thursday afternoon Louise pr-

sented all the signs of violent arterial excitement, headache, hot and dry skin, quick and full pulse. The next morning the upper part of the forehead was covered with dried blood, which, it appeared, had flowed from midnight until six o'clock in the morning, but had then stopped. When washed with a wet towel, the forehead became perfectly clean and remained in the same condition the rest of the day. The epidermis, when examined with the magnifying glass, showed neither erosions nor scratches. In the backs and palms of both hands there were two bleeding wounds, from three-quarters of an inch to one inch long, wider in the centre than at the ends. Red blood, like the blood of the capillaries, flowed incessantly, drop by drop, and almost continuously, from these four wounds. The stigmata of the back of the hand were in the centre of two shining nodes, hard to the touch and painful. Examined by the magnifying glass, the depth of the wound showed red, turgescent, acuminated papillæ of the dermis, in some places resembling true proud flesh. A fragment of the dorsal stigmata of one of the hands, taken out by the scissors, showed under the microscope a papilla of the dermis and some capillaries considerably increased in size. The wounds of the two feet resembled those of the two hands, but were of smaller extent. They had only yielded a little blood. Louise had kept on woolen stockings, which arrested the flow somewhat. The bleeding on the left side followed the level of the space separating the fifth from the sixth rib, outside and a little below the centre of the left breast. The wound was about half an inch in diameter, and had yielded but little blood. There was very marked ecstasy and a cataleptic condition.

It naturally occurred to the Commission that this flow of blood might be produced by voluntary means. To avoid this source of error they devised an apparatus, which consisted of a glass globe about four inches in diameter, having a neck like an ordinary bottle at one of its poles, and at the other pole another neck about three inches in diameter. The first neck was closed by a cork, traversed by a bent glass tube not extending beyond the outside surface of the cork. The inside end of the cork, as well as that of the tube, was covered by a wire gauze, not interfering with the ingress of air, but preventing the introduction of any penetrating instrument. The corks and tubes were fixed by several seals. The second neck was covered with a kind of muff or sleeve of India-rubber cloth, fixed to its outer rim by India rubber cement and sealed with six seals. This apparatus was put on Thursday, January 21, at 2 P. M. After the absence of any flux from the stigmata had been verified, the patient's right hand was introduced into the bottle through the large opening, then the kind of muff or sleeve was brought down over the arm, which it covered as far up as the sleeve of the chemise; it was cemented to the arm by the same adhesive application, then finally closed up by a bandage, nearly an inch wide, brought twice round the arm, and carefully sealed up. This done, all the apparatus was enveloped in a bag of gutta-percha cloth, fixed to the shoulder by two turns of another bandage, sealed with two seals. The India-rubber and gutta-percha cloths would inevitably betray the passage of the finest needle. On Friday, the 22d, at half-past ten o'clock in the morning, M. Warlomont, of the Commission, entered Louise Lateau's cell, accompanied by Professor Crocq, of Brussels, who had undertaken to remove the apparatus and declare the result. It was this: "The right hand was closed up in the apparatus which M. Warlomont had fixed on the previous evening. The apparatus was perfectly intact, as we assured ourselves by the most careful examination of the outer envelopes and the seals, not one of which bore the slightest trace of having been tampered with. The sloping portion of the receiver was filled with a small pool of liquid blood, and the back and palm of the hand were covered with clots of blood firmly adhering to

the palms. It therefore appeared that the effusions of blood did really occur spontaneously, and without the intervention of any violent means from without."

There remains no reasonable doubt, therefore, that the stigmata are the result of mental action only.

Instances of ecstasy with local cutaneous hemorrhages are not rare. These are pathological accidents accompanying a low condition of the blood, and a disorder of the nervous system. The blood loses its plasticity, and a sweating of blood (hematidrosis), or an oozing from the capillaries into the adjacent tissue (ecchymosis, sugillatio), or into little "blood blisters" (hemophilia), is the result. Naturally enough the determined expectation of such an occurrence on a particular part of the body directs the phenomenon to that part or spot, and hence the stigmata arise where the mystic, dreaming over the passion on the cross, expects them to. This explanation, easily supported by numerous cases quite outside religious monomania, explains the condition of Louise Lateau without convicting her of imposture *in this point.*

But that she has passed three years without eating, drinking, or voiding her natural secretions, is altogether a deceit. The commission were not allowed to have her watched at night, and hence they very justly reached the conclusion that this was evidence enough that that part of her assertion was a "pious fraud." The case, however, with this drawback, is clinically a most interesting one, and merits the attention it has attracted.

Notes and Comments.

Therapeutical Notes.

MORPHIA SUBCUTANEOUSLY IN HERPES.

In a case of herpes zoster, Dr. Giné, of Paris, injected subcutaneously a third of a grain of morphia in fifteen drops of water. This was followed by immediate relief to the itching, rapid resolution of the inflammation followed, and in four or five days no remains of the affection were present except desquamatory skin. The author concludes that this case confirms the opinion of Hebra, that the zona is an eruption corresponding to the termination of certain cutaneous nerves; that topical applications are almost useless; and that the subcutaneous injection of morphia should be generally adopted.

PITYRIASIS CAPITIS.

Dr. Malassez recommends the following ointment to be thoroughly rubbed into the scalp morning and evening:—

℞ Butter of cacao,
Castor oil,
Oil of sweet almonds, āā ℥j.
Turpeth mineral, grs. xv. M.

The hair should be cut short, and the head washed with an alkaline soap every other day.

ASCARIDES.

For these pests, Dr. Szeldecki prescribes enemata of pure cod liver oil, twice daily. Continued for a week or two, he asserts they produce permanent relief.

Improvements in Prescription Writing.

Some prudent suggestions have been made to physicians and pharmacists, by the Richmond Academy of Medicine. Its committee recommend (1) that the letters *p. c.* (*præter consuetudinem*) be written by the physician on the left of, and on the same line with the name of any potent ingredient, when purposely described in doses larger than those ordinarily used; (2) that members of both Societies shall use every proper means to stop the sale of such drugs as opium, chloral, etc., except upon competent medical authority, and that the Legislature be memorialized to make proper enactments to effect the object in view; (3) that since the drachm (ʒ) and ounce (℥) symbols are sometimes fatally confounded, because of their strongly marked similarity when hastily or carelessly written, the Greek capital delta, △, (the first letter of the word *δραχμα*) be hereafter used instead of the present sign; and (4), that the apothecary is not at liberty to reveal to the patient the components of a physician's prescription written in technical language.

Natural Selection in Man.

In a recently published work on heredity, Dr. Th. Ribot, of Paris, admits the possibility of greatly improving the human race by careful selection, with a view to progeny, but, like the rest of the world, thinks it can never

be carried into practice. He gives a remarkable piece of evidence from Broca, showing that in France the mean capacity of skulls has increased since the Middle Ages, those from the crypt of the old church of Saint Barthélemi, in Paris (twelfth century), having a mean capacity of 84·777 cubic inches; those from the Cimetière des Innocents, used from the thirteenth to the eighteenth century, having a mean capacity of 83·783 cubic inches; whilst those of the nineteenth century have a mean capacity of 86·901 cubic inches.

On the question of consanguineous marriages he agrees with Quatrefages, who maintains that "near relationship between father and mother is not in itself hurtful, but that, in virtue of the laws governing heredity, it often becomes so; and hence, in view of the eventualities to which consanguinity leads, it is at least prudent to avoid consanguineous marriages."

Action of Salicylic Acid on Bacteria.

Dr. Ludwig Letzeritz has lately tested the effect of salicylic acid on bacteria and micrococci, by placing under the microscope portions of fluid containing these organisms in abundance, and allowing solutions of salicylic acid to come into contact with them. He used solutions of four degrees of strength; viz., one part of salicylic acid and one of spirit, in 120, 90, 60, and 40 parts of water. The first two (the weaker solutions) arrested the movements of the bacteria gradually; while, with the two stronger solutions, the arrest of movement was instantaneous. He has used salicylic acid locally and internally in two cases of diphtheria, he thinks with good effect; but he observes that more extensive observations are necessary in order to determine its value in this disease.

On Insulation of Beds.

In a notice of Dr. Wagenhal's paper on this subject, in this journal (January, 1875), the eminent electrician Dr. Julius Althaus adds (in the *London Medical Record*, March 10th), that a French army surgeon found the same practice prevalent in Algeria, and acknowledging its efficacy attributes the benefit of the procedure to the prevention of the escape of the vital electricity from the system.

Instead of putting the legs of the bedstead in tumblers, we would suggest that glass casters be substituted for the iron ones usually found.

Correspondence.

A Cæsarean Operation.

Ed. Med. and Surg. Reporter:—

In the month of December, 1874, Hannah Lavegan entered the Lancaster County Hospital, pregnant. On Thursday, January 28th, 1875, labor commenced. Membranes ruptured about 10 A. M. Made an examination per vagina at 12 M.; found the os uteri dilated about the size of a silver quarter of a dollar, and no presentation of fœtus; labor pains weak and not expulsive. Gave her fifteen grains of hydrate chloral every hour, when required. Contraction gradually ceased; slept some during the night, and on Friday was up about the ward all day. Labor recommenced early Saturday morning; made an examination at noon; found the os uteri well dilated, vertex presentation, but very high in the pelvis. Commenced again with the chloral, and concluded to wait a few hours before proceeding further with the case. At 9½ P. M., with Drs. Boyd and Herr in consultation, made an examination; found a breech and right hip presentation, breech resting upon the superior right symphysis pubes, and firmly impacted. Having made a partial revolution since last examination, we concluded to bring down the feet and deliver. After three hours' exertion, using the blunt hook and the forceps handle upon the right thigh, were unsuccessful, owing to the fœtus being so firmly impacted by the contraction of the womb, and narrowing of the antero-posterior diameter of the pelvis, caused by a malformation of the spinal column. At 2½ A. M. we discontinued our efforts until the following day, hoping that nature might make a change, and desiring to give the mother the benefit of doubt. On Sunday, at 2½ P. M., we met again, and upon examination, found no change in the position of the fœtus. After mature and thoughtful deliberation with my colleagues, I operated, by making an incision along the linea alba, through the abdominal and uterine walls, introduced my hand, and delivered by the feet. Life in the fœtus was almost extinct, but after using proper efforts was restored. Is a female child, and is well formed and healthy. The mother was a dwarf, about three feet in height, in feeble health when operated upon, and died on Tuesday following, at 6 P. M., from exhaustion. Age about 30 years. At a post-mortem, held twenty-four hours after decease, the following measurements were obtained:—antero-posterior diameter three inches; transverse diameter five inches. Wm. R. Grove, M.D.

Lancaster, Pa.

—An epidemic of typhoid at Seton Hall College, Orange, N. J., has been discovered to arise from the proximity of the pump, whence the drinking water is drawn, to an old drain, of the existence of which the authorities of the institution were ignorant.

News and Miscellany.

American Medical Association.

The Twenty-sixth Annual Session will be held in the city of Louisville, Ky., on Tuesday, May 4th, 1875, at 11 A. M.

[The Medical and Surgical Reporter will be represented by Mr. George Kiel.]

The Delegates shall receive their appointment from permanently organized State Medical Societies, and such County and District Medical Societies as are recognized by representation in their respective State Societies, and from the Medical Department of the Army and Navy of the United States.

Each State, County, and District Medical Society entitled to representation shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half that number: *Provided*, however, that the number of delegates for any particular State, territory, county, city or town shall not exceed the ratio of one in ten of the resident physicians who may have signed the Code of Ethics of the Association.

The following Committees are expected to report:—

On Cultivation of the Cinchona Tree—Dr. L. J. Deal, Pennsylvania, *Chairman.*

On some Diseases Peculiar to Colorado—Dr. John Elsner, Colorado, *Chairman.*

On American as compared with Foreign Winter Cures—Dr. H. R. Storer, Massachusetts, *Chairman.*

On Railroad Injuries—Dr. W. F. Peck, Iowa, *Chairman.*

On Proper Legislation to Prevent the Spread of Syphilis—Dr. S. D. Gross, Pa., *Chairman.*

On the Use of Pessaries—Dr. John Morris, Md., *Chairman.*

On Cystic Degeneration of the Kidneys—Dr. John A. Octerloney, Ky., *Chairman.*

On the Diseases of Minnesota and the Northwest—Dr. D. W. Hand, Minn., *Chairman.*

On Prize Essays—Dr. John Davies Jackson, Ky., *Chairman.*

On Necrology—Dr. S. C. Chew, Md., *Chairman.*

On Rank of Medical Department of the Army—Dr. J. M. Toner, D. C., *Chairman.*

On International Medical Association—Dr. J. M. Toner, D. C., *Chairman.*

On Memorial on Dr. Henry Miller, deceased—Dr. S. D. Gross, Pa., *Chairman.*

On Memorial on Dr. Geo. Mendenhall, deceased—Dr. J. A. Murphy, Ohio, *Chairman.*

Amendments to the Plan of Organization are to be acted upon, as offered by Dr. H. B. Baker, of Michigan, and Dr. Adams Jewett, of Ohio.

Secretaries of all State Medical Societies that have adopted the Code of Ethics are respectfully requested to forward to the undersigned a complete list of the Officers, with their Post Office addresses, of those County and District Medical Societies entitled to representation in their respective bodies. This is the only guide for the Committee of Arrangements in determining as to the reception of delegates.

It will also enable the Permanent Secretary to present a correct report of the Medical organizations in fellowship with the Association.

Wm. B. Atkinson, M. D., *Permanent Secretary,*
1400 *Pine street, Philadelphia.*

The College of Pharmacy.

The annual meeting of the Philadelphia College of Pharmacy was held on March 29th, at the College, No. 145 North Tenth street, this city. The following gentlemen were elected officers for the ensuing year:—

President, Dillwyn Parish; First Vice President, C. Bullock; Second Vice President, Robert Shoemaker; Treasurer, Samuel S. Bunting; Recording Secretary, William J. Jenks; Corresponding Secretary, Alfred B. Taylor.

The Howard Hospital.

The annual meeting of the contributors of the Howard Hospital and Infirmary for Incurables was held March 29th, at the Hospital, Lombard street, above Fifteenth.

During the year ending March 1st there were received 8555 new patients, of whom 8340 were white and the rest colored; 3098 were males and 5457 females; 4905 were adults and 3650 minors. The patients made 24,784 visits to the hospital in the course of their treatment, an average of eighty patients visiting the institution daily, and 27,752 prescriptions were compounded for their use, from drugs furnished by voluntary contributors.

International Medical Congress.

The fourth International Medical Congress is to open at Brussels, under the auspices of the Government, on September 19th, and is to last a week. It will be composed of members of the medical profession, whether native or foreign, who shall have sent in their adhesion to the Committee. No payment will be called for except the sum of 12½ francs, for which a copy will be afterwards given of the Report of the Proceedings of the Congress. The cards of membership will be delivered on September 18th.

Unhealthiness of St. Petersburg.

Recent advices from this city indicate that its sanitary condition is very bad indeed. There are said to be more than 10,000 cases of typhus and enteric fever under treatment, or about one in seventy of the entire population, and these numbers are exclusive of many treated in private houses. A large proportion of the poorer inhabitants live in underground cellars, the filthy state of which is said to be appalling.

Yellow Fever.

The Secretary of the Navy, on April 1, received telegrams from Key West, stating that two deaths from yellow fever had occurred there within the previous two weeks. There is no case on any of the vessels of the Navy. These vessels are at the outer anchorage, seven miles from Key West, and every precaution has been taken against infection. Despatches to the Secretary from Havana deny that the fever is epidemic there, and say that only a few sporadic cases of a mild type have appeared in the city, none having occurred on any of the naval vessels or shipping in the harbor.

Patent Medicines.

The Commissioner of Patents announces officially that patents are still issued for medicines and chemical compounds, "when they are found to be new and useful, as the law requires." Within the last few months many applications for patents for medicinal mixtures have been rejected, on the ground that the alleged inventions were wanting in novelty and utility. The rejections were made by the examiner, and as no appeal has yet brought any of the applications before the Commissioner for decision, he has had no opportunity to investigate their merits. Should they reach him, and his decision be adverse, a final appeal may then be taken, under the law, to the Supreme Court of the District of Columbia.

Personal.

—At Brockville, Ont., April 1, W. G. Greaves and Dr. E. B. Sparkham were convicted of murder in causing the death of Miss Sophie E. Burnham, by malpractice. They were both sentenced to be hanged on the 23d of June.

Items.

—Camden, N. J., is to have a free hospital, owning to the munificence of the late Dr. R. M. Cooper and his brother, who have left funds for that purpose.

—A school for nurses has been established at No. 1017 Morris street, this city, under the superintendence of W. H. Hutt, M. D., which is designed to give instruction to women in nursing, and also to prepare and furnish food suitable for such sick persons as are unable to procure the necessary diet. The first course will begin during the present month.

—The agent of the Board of Public Charities of this State says, in his last report, speaking of the Jewish hospital of this city: A better arranged hospital, a more comfortable asylum, I have not yet seen. It compares favorably with the best in the land. I recommend it as a model for institutions of similar magnitude, and for similar purposes, for adoption in cities and in the country.

—The examination of the public school buildings of this city proves them to be wretchedly ventilated and defective in almost every other sanitary provision.

—Herbert Spencer's argument that marriage does not conduce to longevity, has been overturned by the careful studies of M. Bertillon, who conclusively shows that it does.

—Dr. Hertwig, of Berlin, has used artificial eyes for horses when they have lost this member. The effect is good, and the animal is rendered much more comfortable by the protection.

QUERIES AND REPLIES.

Dr. J. M. S., of Kansas.—Chloral hydrate was first introduced to the profession by Dr. Otto Liebreich of Berlin, June, 1869. Its formula is $C_4 Cl_3 C+HO$. It is prepared by the action of chlorine on alcohol.

Dr. W. H. V., of Wis.—Address Dr. Joseph T. Woods, Toledo, Ohio.

OBITUARY.

D. FRANCIS CONDIE, M. D.

D. Francis Condie, M. D., for more than half a century a practicing physician in this city, and the author of several standard medical works, died March 31st, at his residence, at Morton, Delaware county, Pa., in the 80th year of his age. It is only a few years since he retired from practice, up to which time he resided in Philadelphia. Dr. Condie had a large and lucrative practice, yet, up to the period when age compelled him to ride, he walked to the residences of his patients, believing that walking was essential to the preservation of health. He was born in Philadelphia, May 12, 1796; graduated as Doctor of Medicine in the University of Pennsylvania, March, 1818.

The following is a list of his publications: An abridgment of Thomas' Practice, 1817; Course of Examination for Medical Students, 1821; Catechism of Health 1831; Treatise on Epidemic Cholera, in conjunction with Dr. John Bell, in 1832; Diseases of Children, fourth edition, 1854. Dr. Condie wrote for many of the medical publications of the country, and he was regarded among his professional brethren as a ripe scholar and sound thinker. His industry was something remarkable. He was an early riser, and he labored without ceasing, seeming to find real pleasure in either physical or mental work.

MARRIAGES.

KIMMEL—GRABER.—On Tuesday, January 12th, 1875, by Rev. Thomas Gordon, J. A. Kimmel, M. D., and Miss Rosa E. Graber, all of Findlay, Ohio.

KUNST.—CAMDEN.—On Tuesday, March 16th, 1875, at the residence of Hon. J. N. Camden, in Parkersburg, W. Va., by Rev. Dr. Reilly, A. H. Kunst, M. D., and Miss Tillie Camden, both of Weston, W. Va.

LINDSAY—BRISCOE.—On the 9th inst., by Levi Scott, Bishop M. E. Church, Melville Lindsay, of Brooklyn, N. Y., and Eloise, daughter of the late Dr. William Briscoe, of Odessa, Delaware.

DEATHS.

YARROW.—Suddenly, March 27th, Jane M., wife of Dr. Thomas J. Yarrow, of Allowaystown, N. J.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

PRACTICAL NOTES ON THE USE OF SALICYLIC ACID.

Read in part, before the Academy of Medicine of Ohio, Nov. 2d, 1874. "*Vide The Clinic*," Vol. VII, p. 219, 1874; "*The Lancet*," Vol. II, p. 785, 1874.

BY GEORGE HALSTED BOYLAND, M.A. M.D.,

Laureate of the Leipzig Medical Faculty; Ex-Surgeon in the French Army; Medaillé Member of the Medico-Chirurgical Faculty of Maryland, etc., etc., etc.

The importance of bringing this new disinfectant more prominently to the notice of the profession, the advantages accruing from its use in the practice of medicine, but more especially in that of surgery and obstetrics, already leading the way to its general adoption in the hospitals of the United States, preclude any question as to the desirability of placing upon record some of the more interesting features connected with its history.

M. Wurtz, member of the Imperial Academy of France, Prof. of Chemistry at the University of Paris, informs us, in his valuable treatise on Organic Chemistry, that M. Piria first obtained (*ce corps important*) salicylic acid in 1839, by melting the hydrate of salicyl with caustic potash. Salicylic acid exists already formed, with the hydrate of salicyl, in the meadow's queen. Salicylic acid is formed when the salicylate or benzoate of copper is heated to a temperature of 220° Centigrade. Finally it takes origin by the action of potash melting upon salicin, indigo, coumarine; by the action of azotic acid on anthranilic acid. MM. Kolbe and Lautemann formed it by synthesis, in passing a current of carbonic acid through the hydrate of phenyl, in which they at the same time dissolved sodium.

But the powerful working of salicylic acid as a disinfectant, together with a new method of obtaining it, were discovered and thoroughly substantiated by numerous and oft-repeated experiments, made but twelve months since, in the laboratory of Prof. Kolbe, director of the chemical department of the University of Leipzig; confirmed by others at the hands of those able writers and profound clinical teachers, Thiersch and Wunderlich. Until then, carbolic acid led the long list of disinfectants. Salicylic acid, while disinfecting as completely as carbolic acid, possesses a great advantage over the latter; viz., inodorous itself, it utterly destroys and eradicates all odors and stenches whatsoever. Thiersch placed in two test glasses an equal quantity of human urine, adding to the one a small proportion of salicylic acid, diluted, to the other exactly the same proportion of carbolic acid; both became at once free from urate of ammonia; moreover, at the expiration of ten weeks, during which they were allowed to stand, neither contained any trace of organic matter; the former being entirely inodorous, the latter emitting an offensive smell of carbolic acid.

The Professor lately, performing amputations of the thigh, dressed the stumps in each case with salicylic acid. The bandages (according to Lister's method), were allowed to remain until the fifth day, when, upon removal, there

was not the slightest odor perceptible about either the wounds or the dressings, nor had suppuration set in. The acid was afterwards applied to carcinoma with the remarkable result of causing the cancerous secretion and odor to cease after the second application. At a subsequent meeting of the Medical Board the learned gentleman expressed his satisfaction at the investigations made, also his intention of bringing salicylic acid into general use at the surgical station.

After a consultation with Prof. Wunderlich, I took the dejecta of a patient suffering with catarrhus intestinalis, and treated the same in three different vessels in the following manner: In the first was left a certain portion of the fæces without chemical addition; into the second was thrown an equal part of the fæces, to which was added ʒij of salicylic acid in a solution of 1·25 of water; into the third, *ceteris paribus*, carbolic acid. These vessels were then placed in the open air. A microscopical examination at the end of twenty-four hours showed the first to contain those forms of decomposition designated as leptothrix and ciliated infusoria; the second and third, on the contrary, to be quite devoid of animal or vegetable parasites. On the next day they were again examined at the Pathological Institute, under the supervision of Professor Wagner, with like issue. On the third day, however, the parasites were more numerous than on the two previous occasions, while the other preparations had become still clearer. The one was absolutely sans odeur, but the other exhaled strongly carbolic acid.

Another like test was subsequently made by the pharmaceutist of St. Jacob's Hospital, but with a solution of salicylic acid of only 1·300 of water. Upon the ninth day he was able to confirm the above statement. The acid is now given per os, in doses of 10 grs. thrice daily, as an antipyretic in pneumonia, with cold baths containing a proportion of the same; also in typhoid fever with the same baths. I have found it valuable in dressing syphilitic ulcers and arresting promptly the discharge in gonorrhœa, the ulcers healing kindly, and the injection being unattended by the pain that is often caused by the use of other washes for the urethra. Experiments upon albumen and plants will be made known in another paper.

When salicylic acid is heated to a temperature of 90° Celsius, it resolves itself into carbonic acid and carbolic acid, from which latter it is ingeniously obtained by Kolbe. It can also be won from salicin (not to be confounded with *salicinic* acid, analogous to quinine, and from the same principles), originally from the bark of the salix alba. When thrown in spray from the atomizer, it does not evaporate, like carbolic acid, but washes and cleanses the parts, deodorizing and disinfecting them. The only objection as yet offered to salicylic, is that it is not quite so readily soluble as carbolic acid; the answer is, it does, indeed, take a few minutes longer to make a solution from the crude state; but even this trifling delay may be overcome by the addition of one part to the hundred of the phosphate of soda, which renders the solution perfect at once, and does not in any manner influence its power. Salicylic acid is now used in several hospitals abroad, for dressing wounds of all kinds, also for vaginal douching, carbolic acid being excluded. For the results of experiments on meats, milk, wine, beer, etc., see the "*Medical and Surgical Journal*," of Boston, March 11th, 1875, containing correspondence between Professors Gratz and Horsford, relative to the acceptance of salicylic acid by the recent German Scientific Congress, held at Breslau. This correspondence, occurring in January, 1875, has been ably reviewed by Dr. Caldwell, in a paper read before the "Medical and Surgical Society," of Baltimore, March 18th. My object in thus particularizing is to show that which has been withheld from me, namely: my claim to having first introduced salicylic acid into this country, where the first specimens were brought by me early in June, 1874, and presented to Prof. N. R. Smith, of this city, and to the Academy of Medicine, of Ohio, in part, for the report edited by Prof. Orr, on the experiments and introduction of the acid into their hospitals, (see "*The Clinic*," loc. cit.)

The first article ever written in any language on salicylic acid, was written by myself, in German,* and afterwards translated into English for the "*Baltimore Gazette*," appearing in that paper on July 10th, 1874. Salicylic acid originally cost twenty-eight thalers the kilo., it now costs only ten thalers the kilo.; and will continue to fall as the demand for it increases. It is a glistening salmon-colored powder in the crude state. In this form it is also used to disinfect vaults, cesspools, etc.

* Cholera Asiatica, by George Halsted Boyland, Leopold & Baer, Leipzig, May, 1874.

CARBOLIC ACID IN ERYSIPELATOUS INFLAMMATION.

BY E. Y. MUNSELL,
Of Rockport, Mo.

In my communication, published in the MEDICAL AND SURGICAL REPORTER, December 26th, 1874, the formula for local application should have been written thus:—

℞. Tr. iodine, ℥j
Glycerine
Aquæ rosæ, āā ℥ss
Acid carbolic, ℥iij. M.

Sig. Apply to diseased surface, etc.

I will give a brief history, without comment, of two cases treated with carbolic acid locally and hypodermically.

Case 1. Mrs. G——, aged fifty, a healthy looking woman, corpulent, was taken with a remittent fever, on the 2d of January, 1875. Was called. Prescribed a mercurial purgative to be followed by ol. ricini and antisporadics, etc. Before leaving her room she complained of her left ankle hurting. I made an examination of the part, and found a circumscribed redness, resembling that of erysipelas, occupying a space corresponding to one-half the circumference of the ankle, and extending up, perhaps, four inches. I applied, locally,

℞. Carbolic acid
Glycerine, āā ℥iij
Aquæ rosæ, ℥ij. M.

Sig.—Apply with camel's hair pencil thoroughly over the diseased part, and a little above.

Saw my patient next day; found her with but little fever, but the inflammation of the leg involved the whole circumference of it up to near the knee, notwithstanding the application was used at short intervals during my absence. I now painted the whole of it with tr. iodine, full strength, and bathed it with a lotion of acetate of lead; gave internally syrup bromide iron, in from five to ten drop doses, repeated once in four hours. Visited patient next day; found scarcely as much fever as the day before, but the disease was still involving more and more of the limb. I continued this treatment until the fourth day, when I became satisfied that without specific treatment my patient must inevitably soon be in imminent danger, or probably die. I decided at once on hypodermic injections of carbolic acid, one and a half solutions. I called on my friend, Dr. Tracy, who concurred with me in opinion. We at once injected above the diseased part, above the knee, in six different places. The inflammation passed slowly up to the wounds inflicted with the point of the syringe, and was arrested there completely with the single treatment, with the exception of a small part on the inner side of the thigh, about two inches wide at the base, and terminating pointedly two or three inches up the course of the femoral vein. I injected at this point immediately above and on either side. I saw the case frequently at this time, as this part seemed rebellious and stubborn. On visiting, in twenty-four hours, I thought it necessary to repeat the operation, which I did; that put an end to the disease. During the last few days of her illness the leg was enormously swollen; she suffered but little with pain. After the first injection the swelling began to subside, also the pain, and it was no time until the limb was free from erysipelatous inflammation. One incident occurred in this case, during convalescence, that has never happened in any of my cases before or since; that is, abscesses forming at the punctures where the injections were made. Otherwise my patient convalesced more rapidly than I could have reasonably expected.

Case 2. Child, eighteen months old, was taken with erysipelas of the scalp, near the anterior fontanel. Was called to see it, but sent medicine. The mother became alarmed at the rapid spread of the redness and swelling, and I was sent for again. I went, and after receiving the censure of the mother for negligence or laziness, I examined the babe. The whole of the scalp was invaded, extending over and on the ears, and about one inch below, over the forehead to the eyes and down on the cheeks. The eyes were swollen, and, in truth, the child did not look human. I decided not to tamper with my case, but to use the hypodermic treatment without delay. As I had never used it about the face before, I had some hesitancy in using it, but after explaining the possibility of abscess, etc. selecting appropriate points for the operation, I injected in three places about the neck and face a one per cent. solution. One operation completely arrested the disease, and in twenty-four hours after there were decided and unmistakable evidences of rapid convalescence: swelling and redness, etc., disappeared as if by magic. I gave internally, in this case, syrup bromide of iron, and a placebo as a

local application. I have other cases I might mention, but will refrain at this time; but more anon.

GASTRITIS INCIDENT TO THE HABITUAL DRUNKARD.

BY N. KEELER MORTON, M. D.,

Physician to the New York Inebriate Asylum.

The Germans have a word, "*Katzenjammer*," for which we have no English equivalent, which is very expressive and descriptive of the feelings of the human being after having over-indulged in alcoholic drinks. Those of us who have never suffered in this manner can hardly imagine the agonies and pangs thus produced. The laws of nature have been violated, the stomach has been injured, and its lining membrane is consequently in a state of subacute inflammation. As a result, we find partial nausea, loss of appetite, irritation, prostration, headache, and all the other symptoms of gastritis. If this state exists after a single debauch it is easy to perceive how a continuance in over-indulgence may produce all these symptoms in a chronic form. Aside from the affections of the brain and nervous system, this species of gastritis is one of the most intractable diseases we encounter.

If on the one hand we continue the exhibition of alcoholic stimulants, we are only temporarily alleviating the suffering, but are surely adding fuel to the fire. On the other hand we are as surely inviting depression and strong reaction by discontinuing liquor. Experience has proved that if we can substitute the stimulus of nourishing food for liquor, we can accomplish our end without running any risk of injury to the patient. But to administer such food, creating an appetite therefor, and cause it to be retained, digested and assimilated, is a task not quite so easy of accomplishment.

The course I have universally pursued has been the following: The administration of a double Seidlitz powder, in as large a quantity of water as possible, for the purpose of producing a thorough and rapid evacuation of stomach and bowels, followed by the administration of the following draught:—

℞. Chloric ether, gtts.xv
Glycerine, ℥ss
Tr. capsici gtts.iij
Syrup zingiberis
Tr. cinchonæ co., āā ℥ss
Aquæ, ℥iss. M.
Fiat haustus.

This is only given two or three times, once each morning, followed during the day with a teaspoonful of the following mixture every three hours:—

℞. Lactopeptine, ℥iij
Acid hydrochloric, gtts.xxx
Glycerine, ℥ss
Aquæ aurantii, f.℥iij. M.
Fiat mistura.

The first of these ingredients is a new remedy, lately introduced in this city by some enterprising pharmaceutist, and is composed according to the published formula, of pepsin, pancreatine, diastase, lactic and hydrochloric acid, and in this shape seems to supply those ingredients of which the gastric juices, in very many cases, are devoid.

The result of this treatment, generally, is very good. The normal functions of the stomach and bowels are to a great extent restored, the irritability and nausea cease, and as nourishing food is soon relished and digested, there is no depression nor exhaustion, and the system is more amenable to further treatment. Having thus given the symptoms and treatment, I had intended to give you a statement of a few cases, but seeing that I have already trespassed too much upon your space, I will defer it for another occasion.

HOSPITAL REPORTS.

PENNSYLVANIA HOSPITAL.

CLINIC OF ADDINELL HEWSON, M. D.

REPORTED BY FRANK WOODBURY, M. D.

Illustrating the Importance of Fixing the Elbow in the Treatment of Fractures of the Forearm.

We considered, in a preceding lecture, the rational treatment of fractures of the lower extremity by rest and elevation of the limb, and dwelt at some length upon the importance of carefully securing the adjacent joints in a fixed position. As in some fractures of the leg, so you will find among those of the forearm, cases where a good cure is easily obtained; while in others, in spite of much care, deformity will persist to mark your patient for life, unless you have well in mind certain principles to govern your treatment. This morning I wish to point out the analogy in the pathology between fractures of the leg and those of the forearm, and, consequently, the analogy that naturally exists in the indications for treatment of these related injuries.

The main tendency to deformity after fracture of the leg is due to the traction of the calf mus-

cles upon the heel. You will readily recall that, when discussing this subject in my last lecture, I demonstrated to you with a diagram that by flexing the knee-joint to a right angle you can bring, in the adult, the origin and insertion of the great calf muscle about two inches nearer to each other than when the limb is fully extended; in this way you can obviate the tendency to deformity from muscular contraction that is so troublesome when the ordinary extended treatment is adopted. The hamstring muscles arising from the tuberosity of the ischium, the biceps to form the outer cord inserted on the head of the fibula, and the semi-membranosus and semi-tendinosus, bounding the popliteal space internally, to be inserted in the inner aspect of the head of the tibia, by their contraction also encourage displacement. They may likewise be relaxed by the simultaneous flexion of the knee and hip. For this reason, in treating fractures of the leg either high up or low down, the plan recommended by Potts, in England, over one hundred years ago, which is to flex the knee and hip-joints and keep the patient recumbent upon the side of the affected limb, makes excellent cures. Hamilton, of New York, who may be considered as the highest authority with us upon the subject of fractures, fully endorses this treatment, and thinks there has nothing like Pott's method yet been devised.

The ordinary movement of slight inversion or eversion of the foot is accomplished by rotation of the head of the tibia upon the condyles of the femur, but when this has reached its greatest extent, the limb may be still further rotated on the hip-joint; and here a practical point suggests itself. Suppose you were to treat a fracture of the leg by suspending it in an ordinary fracture box, as is often done, you see that as long as there is freedom of motion at these two joints, the movement of the opposing fragments upon each other cannot be entirely prevented. Therefore, when you suspend a fractured leg, I would advise you to use something like a Smith's anterior splint, that comes well up on the thigh, then fit a pasteboard support under the knee-joint, to secure it, and also one on the foot and ankle, as I showed you at our last clinic, fixing, and by this means maintaining, the great toe in the same vertical plane with the inner border of the patella. This prevents rotation of the limb upon its axis, and the consequent mal-position of the upper fragment that so often occurs in the fracture box, by the ordinary method of treatment. In truth, the normal position of the foot varies in different subjects. Some persons when recumbent upon the back lie ordinarily with the patellæ turned inward toward the median line, others have them horizontal, or even strongly everted. To accommodate the ordinary fracture box to this variation, Dr. Hunt devised and added to it a rotary foot-piece, which enables the foot to be moved to meet such individual exigencies.

In passing to the treatment of fractures of the forearm, we should first consider the anatomical resemblance existing between the two extremities, the upper and the lower. The hand is rotated by the movement of the radius at the elbow, but this motion can be further extended by rotation of the humerus at the shoulder joint; a condition analogous to that in the inferior extremity. Similar to the large calf muscles of the leg, we have, in the forearm, the bellies of the flexor muscles, whose influence in causing mal-position and deformity after fracture must be considered and corrected in any rational system of treatment. This mass, consisting of the flexor carpi ulnaris, palmaris longus, flexor carpi radialis, and digital flexors, is attached to the inner condyle of the humerus, the side corresponding with the little finger, and (acting like the muscles in the leg, on the same side as the little toe) is the chief agent in causing deformity after fracture. These flexors, by contracting, tend to rotate the forearm inward and also to flex it at the elbow; so you will notice in fractures of the forearm that the patient invariably supports the injured member with his sound hand holding the forearm semi-flexed and in a state of pronation.

Formerly we were in the habit of treating fractures of the forearm by short splints. I will now demonstrate their inefficiency and disadvantages. The patient before you has sustained a Barton's fracture of the radius, and is wearing a Bond's splint, which, as you see, permits flexion at the elbow and some pronation of the forearm. The splint is usually applied with the hand in a state of pronation, but this position is changed after the dressings are applied to that midway between pronation and supination, by bringing the forearm in front of the patient's chest; by this means there is a rotation of one-fourth of a circle between the dressing and the final suspension of the arm in a sling. The same thing occurs in the treatment of a Colles' fracture, *i.e.*, one higher up, so that there is no security against deformity, in fact it is encouraged by the rotation of the fragments upon each other, their relations being altered after they have been adjusted by the surgeon and are out of his sight. This may be prevented by raising the patient's forearm to a level with his chin, and applying the splint whilst in that position, with a pad to the ulnar side of the forearm; by adopting this expedient, no change in the relative position of the fractured ends takes place when the arm is placed afterward in the sling.

Dr. Barton, who showed us how to distinguish a fracture of the radius extending into the joint from a simple dislocation of the wrist, also taught in this hospital to treat such fractures with two splints and a pad; but now only one is generally applied, the Bond's Splint.

This specimen, from the Hospital Museum, is from a case of vicious union after a Barton's fracture, where this very rotation of the fragments I have just alluded to has taken place, and it well illustrates the peculiar deformity following when this fracture is improperly

treated. This peculiar distortion accompanying Barton's fracture, sometimes called "*rotation en bascule*," is thought to be due to impaction of the fragments, as is seen in the specimen.

Now if in place of using the short splint, we, by adding a piece above the elbow, convert it into a right angled one, or if, in conjunction with the Bond's internally, we use a rectangular external splint, we can fully control the elbow and wrist joints, so that no such rotation can take place. I show you, here, a modification of Nélaton's pistol-shaped splint, with the addition just mentioned, to convert it into a right-angled, internal lateral splint, and you see in whatever position the arm is placed after the splint is applied, the parts remain in place, the joints in the neighborhood of the fracture are kept almost at absolute rest; the importance of which we saw when discussing fractures of the lower extremity. It has an aperture opposite the elbow, in order to receive the epi-condyle, and relieve it from pressure.

Here is a case in point. This woman, by falling on the ice and striking the hand, sustained a fracture of the radius ten days ago, and on entering the Hospital, a Bond's splint was applied. While this was on she complained of constant pain, and when I saw her, on Monday last, she was suffering so much that she was obliged to have her arm out of the sling, lying in her lap; whenever she moved the forearm from the semi-prone to the prone position, she changed the relation of the fragments. This necessarily caused pain. I then applied the modified Nélaton's splint so as to retain the arm and forearm in the same plane, and keep the fragments as they were adjusted. The deformity was originally very marked, and required the application of a pad to bring the hand and wrist well to the ulnar side to overcome it. There is now in the case no deformity whatever, and the inflammation and swelling have nearly entirely disappeared, under the use of a lotion of hydrate of chloral, five grains to the ounce of water. The splint does not absolutely prevent all motion at the elbow, but permits just enough of flexion to obviate any tendency to anchylosis. In applying it, the arm should be bandaged to the splint first, before the forearm, and great care should be taken to firmly secure the hand.

In this next case we have a fracture of both bones of the forearm, low down, complicated by a wound; it also was caused by a fall on the ice. Here there was very great tendency to deformity. The patient is now using the modified Nélaton's splint just mentioned, and rotation of the forearm being prevented, he is, as he says, much more comfortable.

The following case is one of fracture of the forearm, and of the humerus about its middle. This is readily treated by one of Physick's internal splints with a pasteboard cap to surround and support the arm. The rectangular splint, which we have just alluded to as Physick's splint, has long been relied upon in treating fractures of the humerus, but it has often given bad cures, owing to the bowing forward of the fragments toward the biceps. The angular anterior splint, which keeps the hand in complete supination, the introduction of which was accredited to my father near fifty years ago, was devised to meet this difficulty. It is also used to good advantage in treating fractures of the radius high up, to which I before alluded, where it is needed to control the upper fragment.

You saw with the preceding patient that the internal lateral splint permits some motion at the elbow joint. In the one now before you, this *anterior* splint allows no motion except at the shoulder, positively none at the elbow; but this next case, which is one of fracture through the condyle, is wearing an internal rectangular splint, and you see some motion is left at this joint. In fracture of the condyles, the tendency, from the manner in which the injury is inflicted, and from the contraction of the triceps, is to riding backward of the lower fragment over the shaft whose lower end projects anteriorly. In this following case there was a fracture of the external condyle with the luxation of the arm forward, and fracture of both bones of the forearm, caused by a fall against a stone step. Two weeks after the accident the swelling was still so great that the patient was allowed to keep the arm in whatever position was the most comfortable for her. On taking charge of the ward I found her holding her arm upon a pillow, in a state of extreme pronation, with great swelling and lateral distortion. The fixing of the pronation was so great that it was impossible for me to get the forearm in the condition of supination that I desired. She was then suffering constant pain from spasmodic contraction of the muscles and movement of the fragments. The arm was afterwards bandaged and kept at rest upon a right-angled, lateral splint. Formerly, the pain prevented her from sleeping at night, but after the parts were secured, she soon became comfortable. As it is now five weeks from the receipt of the injury we will commence passive motion, in order to prevent a stiff joint, which is so apt to follow fracture of the condyles.

In such fractures of the forearm you should always resort to the expedient of applying, smoothly, a roller bandage to the limb, as this will control the muscles, which, by contraction, cause pain and displacement of the fragments.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY, STATED MEETING, March 24th, 1875.

Dr. Delafield, President, in the Chair.

Dr. Janeway reported the results of the microscopical examination of Dr. Kipp's case of malignant disease of the bones of the head.

The tumor was undoubtedly carcinomatous. It was composed of trabeculæ of connective

tissue, and of lymphoid cells, some of which measured $\frac{1}{1000}$ of an inch in diameter; they were flat, having long tubular processes, ending in a club-shape.

Abortion—Peritonitis—Death.

Dr. Finnell exhibited the uterus and appendages taken from a woman aged twenty-four, who had had an abortion performed upon her. She had passed two menstrual periods without the least sign of the accustomed flow, and finding that she missed it again for the third time, visited an advertising abortionist, who performed the operation. On reaching her home, she had a chill. A few days later, the doctor saw her; she was then vomiting, her pulse feeble, and her abdomen tympanitic, and all the signs of metroperitonitis. She died ten days after the attempted abortion.

Autopsy.—The right ovary was the seat of a corpus luteum of three months. It measured about eight lines in length, and five in breadth, was yellowish in color, and contained a central blood clot. The left ovary was becoming diseased, and on opening it bloody serum exuded. It had attained the size of a small orange. The os uteri was smooth, polished and unchanged. There was no evidence of inflammation of the vagina. There was no pus in the uterine cavity. A laceration of the uterine mucous membrane at its beginning was seen, probably caused by the introduction of the instrument which was used in the production of the abortion. Portions of the placenta still remained attached to the fundus. There were adhesions and fibrinous exudation of recent origin in the peritoneum.

Polypus of the Uterus.

Dr. Sell presented a specimen of uterine polypus, which was removed from a woman aged thirty-five, who had been a widow for the last five years. She had been subject to frequent attacks of uterine hemorrhage for three years, but during the last one, the flow had been almost constant, and was so profuse at times as to induce syncope. On examination, a polypus was found attached to the os, which was patulous. Its pedicle was about one-eighth of an inch in thickness. On the 13th of this month it was removed by torsion. The patient has menstruated since the operation.

Exostotic Tumors.

Dr. E. P. Gibney brought a boy, aged thirteen, to the notice of the society, who was the subject of bony growths situated upon the left index finger and both tibiæ. His family history was good. At the age of six he had scarlet fever, six months after which he complained of pains in his joints.

Dr. Otis thought that an operation for the removal of these growths would not be advisable unless they should enlarge and interfere with the function of the muscles, or cause pressure upon the adjacent nerves.

Pott's Disease—Cystic Degeneration of Kidney—Pyo-nephrosis—Abscess and Atrophy of Testicles.

Dr. Otis presented specimens of cystic kidney, pyo-nephrosis, abscess and atrophy of the testicles, with the following history: Four years ago he was called to see a gentleman at some distance from this city, who had been suddenly taken with a desire to micturate, which continued for hours before his arrival. Some years previously he had fallen and injured his hip, which was followed by disease of the joint, leaving it stiff. He cultivated his muscular power extensively, and had been rowing for some hours before he was seized with the above symptoms. The urine was limpid and the bladder not diseased. There was considerable straining after micturition. These attacks continued for two years, at the end of which period catarrhal cystitis became developed. It was at first so slight as to scarcely attract attention, but gradually increased. He never had had any genito-urinary or venereal disease previous to this affection. Blood and pus were passed at times, which was followed by relief. Calcareous matter was also passed with the urine, which led to the suspicion of an encysted stone. He was examined and none was found. These symptoms continued for one year longer. Narcotics were given to relieve the irritation. At this time, which was about the third year of the disease, his symptoms increased, and during the attacks the spasm at the neck of the bladder gave intense pain. He would sometimes, for a period of two or three weeks, be free from these attacks, and could then pass urine for a half hour at a time without inconvenience. Epithelium from the ureters was noticed on examining the urine. A consultation was held, and it was the general opinion that unless this irritation was prevented, the kidneys would become seriously involved.

The operation for stone was therefore decided upon, with the view of relieving the cystitis, in the event of a stone being found encysted. The median operation was accordingly performed by Dr. Gouley, in the presence of Drs. Markoe, Van Buren and Otis. No stone was found, but the patient improved for several months, and the vesical spasms returned. Last autumn he came back to the city, and within a day or two after his return he passed his urine every few hours, unaccompanied by irritation of the bladder. Shortly afterward the doctor's attention was accidentally called to a swelling of the patient's back, and on examination, the seventh and eighth dorsal vertebræ were found projecting outward, and forming a distinct tumor. Pott's disease was immediately recognized. He had frequently complained of a pain in his back, but it was supposed to be due to disease of the kidneys. He was placed under the care of Dr. Charles Taylor, who applied an instrument to support the spine. Under this treatment the urinary symptoms were relieved, but he complained of pain in the groins, and on a plane with the pelvis. The appliance became

irksome, and at the end of about a month, he abandoned its use. He was then put upon a water-bed. A diarrhœa developed without any apparent cause, and stopped after a week's duration; it was undoubtedly due to nervous influence. The vesical symptoms abated while the diarrhœa lasted, but they increased as soon as it stopped. He gradually failed, and the spasms at the neck of the bladder continued until three days prior to his death, at which time the pain became so intense at the glans penis that he called for snow, which he applied. It had the effect of relieving the pain and vesical spasm. Throughout his illness he suffered from a dry and troublesome cough, but no disease of the lungs could be detected. He died in a uræmic convulsion two weeks ago.

Autopsy.—Pus was found in the peritoneal cavity; however, no inflammation of the peritoneum existed; it came from the sheath of the psoas magnus, and proceeded from two abscesses situated between the seventh and eighth dorsal vertebræ. The left lung was adherent to the abscess; a large cyst was found in the right kidney, which was in almost a complete state of cystic degeneration; its ureter was not dilated. The other kidney was three or four times as large, and was waxy, being in a state of pyonephrosis. The ulceration involved the calices throughout, and contained a calcareo-purulent material. The cortical substance was almost entirely destroyed. The bladder was hypertrophied and contracted, but not ulcerated. There was a cul-de-sac situated behind the prostate that was admirably adapted for the lodgment of a stone. One of the testicles was atrophied; the other was the seat of an abscess at its lower part. He had had a scrotal abscess for some months before his death. The Doctor said he had watched the case with a great deal of interest for five years, and attributed the symptoms to reflection of the spinal disease, because the bladder trouble ceased for two weeks after the application of the instrument, and during the diarrhœal attack, but subsequently returned. The hip-joint disease antedated the Pott's disease five years, therefore, the latter probably originated from the former. There were no evidences of disease on the surface of the lungs; there was no section of them made.

The president said that tubercular inflammation characterized the specimens; that some translucent points were seen in them, and particularly in the kidney, showing what are commonly called miliary tubercles.

Dr. Otis then wished to know if this condition of the genito-urinary organs could be secondary to the disease of the spine, or was it primary.

The president stated that tuberculosis was usually a primary affection, but it was difficult to say, in this case, as irritability of the bladder is not a symptom in these cases.

Dr. Otis remarked that spasm of the bladder was usually due to some anterior obstruction, *e. g.*, stricture of the urethra.

Tuberculosis—Gummy Tumors of Brain—Death after Labor Without Apparent Cause.

The president presented a specimen of tumors of the brain, with the following history:—

A man, aged twenty-six, entered Roosevelt Hospital on the 1st of April, 1874. He denied ever having had any venereal disease. One year previous to his admission, he was hit with a book on the left testicle; inflammation set in and lasted six months. On admission, the left side of the scrotum was filled by a globular tumor. The surgeons were not decided whether it was syphilitic or scrofulous. On the 3d of June there were signs of aphasia; he grew worse on the 6th, and on the 9th he began to vomit, which continued incessantly. Coma set in and he died on June 13th.

Autopsy.—There was tubercular nephrosis of the left kidney. The left ureter, left seminal vesicle and prostate were in a condition of cheesy degeneration. The bladder contained pus and fibrin. The lungs were the seat of chronic bronchitis. The dura mater was removed and the convex surface of the brain was found dry, and of a dull color; it had lost its glistening appearance; this was due to turbid serum lifting the pia mater. Several points or collections of a gelatinous matter were seen extending to the surface of the brain; they looked like gummy tumors. This matter was developed beneath the pia mater and along its prolongations, involving the surface of the brain. These tumors were composed of large, round cells, and of fibrin.

This patient had no venereal symptoms, and yet the condition of the brain was the same as was found in those subjects. The question arises, was it due to syphilitic disease, or did it depend upon inflammatory changes?

The president then related the case of a young woman, who, on the 22d of this month, at 3½ A.M., was brought to Bellevue Hospital by the ambulance. She was in labor pains at the time, and was shortly afterward delivered, nothing unusual occurring until half an hour after, when her pulse became feeble, and her face pale. There was no post-partum hemorrhage. Ergot and brandy were administered, under which she rallied a little, but notwithstanding the continuation of this treatment, her pulse became feebler, and she died at 5½ A. M. She was a prostitute, and had had one child previously.

Autopsy.—The autopsy was made at 2½ P. M. Nothing abnormal was found. All the organs were healthy. The stomach showed that the patient was a drinker. There were no blood-clots in the heart. The only thing noticeable, was the blood, which, instead of being coagulated was still fluid. This was one of those rare cases of sudden death without lesion or cause, and, therefore, he wished to place it on record.

—A Centennial Medical Association has been organized in this city, to look after professional interests in 1876. Particulars will be found on another page.

Editorial Department.

Periscope.

Chloral in Obstetrical Practice.

In the *Gazzetta Medica Italiana-Lombardia*, quoted in the London *Medical Times and Gazette*, Dr. Chiarleoni narrates the results of the employment of chloral in the Obstetrical Clinic of St. Catherine Hospital, Milan. He divides the patients to whom it was administered into four groups. The first of these consisted of pusillanimous, indocile, irritable, and nervous women, in whom the course of labor easily becomes interrupted or suspended. By administering to these subjects a substance which, while it leaves the uterine irritability intact, procures sleep, tranquillity, and diminution of pain, great benefit results. Chloral was given to twenty such cases, most of them being primiparæ, whom the novelty of their situation rendered more apprehensive and desponding. In most of the pluriparæ the waters had been discharged prematurely, or their strength was defective. In such persons the sound sleep which is produced is followed either by a vigorous uterine contraction or a diminution of suffering. Under the action of the chloral the uterine contractions acquired greater strength, while the diminution of general sensibility was not carried to the point of suspending the auxiliary pain derived from voluntary effort, which the woman brought more into action when she suffered less pain, exemplifying what has been said of chloral, that under its action the process of labor is of shorter duration.

A second group of cases was formed of women the subjects of albuminuria, verified either during pregnancy, or shortly before labor. In these chloral was indicated, not only on account of the reasons prevailing in the other group, but also in relation to the prevention of convulsive action. There were nine of these patients, in four of whom labor occurred prematurely. Chloral was administered in five cases, and in none of these did any convulsive affection occur. In a tenth case, in which the albuminuria was not observed until eclampsia occurred, chloral was the only remedy employed: fourteen grammes were given within the twenty-four hours. The convulsions were definitely arrested, and labor took place during the chloralic sleep. In the third group chloral was given in five cases in order to render operations that were necessary more easy and less painful. The fourth and most numerous group was composed of women to whom chloral was given soon after the termination of labor, the patients having either been the subjects of operation or suffering exhaustion from prolonged or painful operations.

Administered during labor, chloral did not prevent its progress, nor did it act prejudicially on the fœtus. It always produced a diminution, and sometimes almost a complete suppression of pain, the sleep which resulted being calm and reparative, nearly resembling, in fact, natural sleep, lasting from one to five or more hours, according to the dose and the individual, and disappearing without leaving any heaviness of the head or disturbance of the intellect. In some cases, however, there was, on waking, or even before falling to sleep, some talkativeness, or even a state approaching alcoholic intoxication. The formula generally adopted, and always freshly prepared, was,

℞.	Chloral,	grammes vj
	Syrup,	" lx
	Water,	" c.

Sig.—A spoonful to be taken every ten minutes until the effect was produced.

But when it was deemed necessary to administer a larger quantity at once, four grammes of chloral were dissolved in sixty of water, and administered as an enema in two portions, with at least an hour interval. Upon the whole, the reporter regards chloral as a far preferable agent in obstetrical practice to chloroform, being easy of administration, efficacious in diminishing suffering, while not arresting uterine action, and in nowise dangerous either to the mother or fœtus.

Pulmonary Congestion and Inflammation.

At a society meeting in London, Mr. J. C. Thorowgood read a paper on this subject, of which the following is an abstract:—

Pneumonia may be looked at as a disease attacking the lung from without, as the effect of exposure to cold, east winds, etc., or considered as a disease generated from within, the result of unhealthy blood condition. Any prevalent epidemic influence may modify either kind. Pneumonia is more prevalent during cold months. M. Grisolles' statistics show that, out of 296 cases, 20 occurred in January, 40 in February, 47 in March, 62 in April, 8 in June, 13 in July, 3 in August, and 5 in September. Pneumonia prevails much in Iceland (Dr. Hjaltelin). In an epidemic in 1863, strong, healthy people died in two or three days, of acute pneumonia. This occurred often, and was the rule where no medical treatment was adopted. Dr. Hjaltelin saved many by bleeding, tartarated antimony, and calomel. Dr. Leared has observed that, though pneumonia is so common in Iceland, phthisis is an almost unknown disease there. Dr. Thorowgood said very often pneumonia attacked the apex of the lung. In 264 of Grisolles' cases the apex was affected in 101, the base in 133, the middle lobe in 30. In persons exposed to insanitary

conditions, and in weak health, pneumonia is apt to attack the lung apex. Cases of complete recovery were adduced, proving that apical pneumonia does not necessarily imply tubercle. In conclusion, Dr. Thorowgood drew attention to the gravity of secondary pneumonia following pyæmia, and secondary to bronchitis. Here it (pneumonia) was often central and patchy, or in blocks, not easily demonstrable by physical signs. Death often seemed to follow sudden suppression of sputa from paralysis of lung.

Treatment of Congenital Syphilis in Infants.

Sir John Rose Cormack, in an article in the *Medical Times and Gazette*, gives his treatment as follows:—

In every case a persistent mild mercurial treatment is essential, alternated or supplemented by the administration of small doses of a ferruginous phosphate of lime and cod-liver oil. The preparations of mercury which I generally employ in infantile syphilis are calomel and hydrargyrum cum cretâ. I prefer the former, not because I believe in its superiority, but because I have generally obtained excellent results from its use. It requires, as a rule, to be given together with cretâ preparata, to prevent its acting too much as a purgative or intestinal irritant. This was the practice successfully pursued by the late Dr. William Campbell, of Edinburgh. He was in the habit of commencing with doses of a quarter of a grain of calomel and two grains of cretâ preparata once daily for the first ten days. He afterwards progressively increased the calomel to a quarter of a grain twice each day. Of course the age, strength, and general state of the patient must, in each case, determine the amount and frequency of the dose. An infant six weeks old will generally bear well Dr. William Campbell's doses. It sometimes happens that the infant's irritability of stomach is so great as hardly to bear any calomel. In such cases, one of two other simple plans may be tried, viz., the administration of a solution of the bichloride of mercury, or swathing the thighs every alternate eight hours in flannel bands smeared with a mild mercurial ointment. I usually prescribe a solution of half a grain of the bichloride in three ounces of distilled water and one ounce of syrup. Of this solution from one to two teaspoonfuls may be taken every six, eight, or twelve hours, according to the patient and the symptoms. When mercurial swathing of the thighs is adopted, the proportion of mercury in the ointment ought to be moderate, say from one to four drachms of the unguentum hydrargyri of the British Pharmacopœia, to an ounce of lard. Two or three drops of the British Pharmacopœia syrup of the iodide of iron in water, three times in the twenty-four hours, is an admirable sequel to, or occasional change from, the mercurial course, which ought to be continued, if possible, for a month, then intermitted for a week or two, and resumed, with occasional short breaks, up to the period of dentition. This is of the utmost importance, for relapses are common, and remissions, to the great detriment of the patient, are apt to be mistaken for cures. Rhubarb, with carbonate of soda, when the bowels are confined, will be found a suitable laxative. The preparation of sulphur called compound powder of liquorice in the Berlin Pharmacopœia is also an excellent medicine in such circumstances. When purging or tendency to diarrhœa exists, prepared chalk will generally be found an efficient remedy; but it may be necessary to combine that medicine in a fluid mixture with a very small quantity of the British Pharmacopœia extract of logwood. The calomel sometimes suddenly induces severe and rapidly exhausting catharsis, which has to be promptly checked.

Tepid ablutions and warm baths are very useful; but the latter require care and judgment, both in prescribing and administering, particularly when the patient is weak. Ulcerated surfaces, cracks, chaps, and cuticular exfoliations must be treated with soothing and healing topical applications. Black wash and the glycerat of borax are both very suitable. Sometimes, in the same case, and at the same time, I employ both. The black wash suits best for healing ill-conditioned ulcerated surfaces, and the glycerat of borax is useful when the soothing and healing of angry sores and large denuded surfaces is demanded. The glycerat possesses the great advantage of keeping the skin in a moist state, and of so preventing painful cracks. The soft, spongy ulcerations often met with around the anus and near the vulva, may be very efficiently dressed with the glycerat of borax, to which there has been added a small quantity of Morson's creasote. The proportions I prescribe are from ten to fifteen drops of creasote to an ounce of glycerat.

Japanese Paper as a Surgical Dressing.

At a late meeting of the Clinical Society of London, Mr. Callender said that his friend, Dr. Wallace, of Colchester, had forwarded to him some samples of Japanese paper, with a request that he would see if any use could be made of the material as a dressing for wounds. Only one of the samples appeared to him to be suitable for this purpose; but the qualities of this specimen of paper made it very serviceable as a substitute for lint, whilst it had the advantage over lint of being very much less expensive. He had tried it as a dressing for various wounds and ulcers, and in a case of deep-seated inflammation of the hand, with very good results. It had been used in all instances as prepared by Mr. Jepps, superintendent of the apothecaries' department at St. Bartholomew's Hospital, with antiseptic solutions, in one of the two following ways. 1. Solution of salicylic acid and mastich. Take of salicylic acid, forty grains; mastich, sixteen grains; rectified spirit, one fluid ounce; dissolve the mastich in the spirit, add the acid, and shake till dissolved. 2. Solution of carbolic acid and mucilage of acacia.

Take of carbolic acid one ounce; mucilage of acacia, one ounce; water, twenty ounces; dissolve the acid in water, add the mucilage and mix. The strength of this solution might be varied, but it was desirable to prepare it for keeping of a greater strength than would be required for immediate use; first, to allow for the loss of carbolic acid from evaporation, and secondly, to permit the dipping of the prepared paper in water before it was applied as a dressing; a process which necessitated some further dilution of the acid. The mastich and the mucilage were added to increase the softness of the paper. Two sheets of the paper were placed together, a single sheet being rather too fragile, and were saturated with one of the above-mentioned solutions. They were then rapidly dried, and stored with others in tin boxes. When used, they might be applied dry to the surface of the skin or of a wound; or they might be moistened with water or with any kind of lotion after such application; or they might first be dipped in water or lotion, and then placed over the diseased or injured parts, just as lint was ordinarily used. The paper answered best when covered with oiled silk, so as to act as a warm water dressing. It appeared to be agreeable as an application. It was very readily adapted to irregular surfaces; and wounds and ulcers had healed rapidly under its protection. It was also available for carrying unguents and similar remedies, and seemed to be well adapted for use in various skin affections.

The Diagnosis of Ulcer of the Stomach.

This is an admittedly difficult task. In the Dublin *Journal of Medical Science*, Dr. Mac Swiney, in citing some cases, says he founded his diagnosis upon the presence in these patients of all, or rather of the most important, of the admitted signs of the disease. Thus there was:—

1. *Pain.*—This was constant, both in its presence and in its situation; burning, increased by pressure, intensified by food taken; moderated when the stomach was at rest; in some of the cases relieved by posture; in others not; in all made worse by alcoholic stimulants.

2. *Vomiting.*—This symptom, also, was present in all the cases; in two it was excessive; in a third moderate; in the fourth very slight; in all it brought the greatest relief to the symptoms. The composition and reaction of the vomited matters varied; it consisted either of the food taken principally, or of a thick mucous fluid, or of a sour, burning "waterbrash;" and it was "acid" in one or two, "acrid" in another, and bitter and yellow in a fourth case; so that in all the patients the secretions of the stomach were altered, and in all a peculiar and disagreeable taste in the mouth was complained of.

3. *Derangement of Digestion.*—This existed in all, so that the appetite was either lost, or variable, or capricious. There was great distress at the epigastrium, and flatulence in some. Thirst was complained of by most of the patients, and great constipation was suffered from by all.

4 *Hemorrhage.*—This occurred but in one patient, in whom it happened twice, in an amount, upon each occasion, to seriously peril life. Although there may be idiopathic hemorrhage from the gastric mucous membrane, and also hemorrhage in cancer of the stomach and from other causes, still such an occurrence, when the other chief symptoms of the disease are present, may be safely referred to "gastric ulcer."

5. *Age.*—The liability to the disease may be said, with confidence, to preponderate between about the ages of fifteen and thirty. Now the age, respectively, of my four patients was included between these limits of years.

6. *Sex.*—The disease, it has been ascertained, is nearly three times as frequent in females as in males. Moreover, these females would appear to belong, for the most part, to a certain order or class in life. All my patients were of the female sex, and members of the too-favored class.

7. *Menstruation.*—In all my patients this function was moderately well performed. There was, certainly, no serious or profound disturbance or irregularity in the catamenial discharge present in any one of these females; so that, as far as these cases testify, the opinion that there is a direct relation between amenorrhœa and "simple ulcer" is not sustained, but the opposite. And I am tempted to say that herein may be found, perhaps, an aid to diagnosis between vomiting and pain in hysteria, and those symptoms in gastric ulcer. Thus, in the former, the monthly health is always gravely deranged; in the latter it is, for the most part, according to my experience, regular.

Jaborandi.

The *Chemist and Druggist* says:—

This Brazilian plant with the savage name is evidently the drug of the day. It arrived in Europe a year ago, like Elijah's cloud, no bigger than a man's hand; now all our wholesale houses are sending to Pernambuco for cargoes of it, and two or three of the smartest of them have already secured small stocks. Besides perspiration, there is money to be made out of it, and more than this, there is glory also, so pharmaceutical, medicinal, and chemical investigators are turning their attention to jaborandi. Besides the French authorities whom we have previously referred to, there is now a sufficiently important little band of authorities in this country who have resolved to wrest from jaborandi the secret of wherein its mighty diaphoretic strength lies. Dr. Ringer and some of his associates at University College Hospital have been experimenting with the medicine therapeutically. Their very interesting results, which differ in some points from those previously reported from Paris, are given

in the *Lancet* of January 30. To adults they have administered doses of from sixty to ninety grains, in the form of infusion, and in nearly all cases profuse perspiration and most enormous salivation ensued very rapidly. The saliva collected from the patients averaged about an imperial pint, and in one instance amounted to twenty-seven fluid ounces. In one or two instances out of about twenty these effects were not produced; but even then there was free, though not profuse, perspiration. What must be noted as very singular, however, in Dr. Ringer's experiments is, that with children from three to ten years of age the medicine, though given in doses of from thirty to sixty grains, produced comparatively no effect. An excellent account of the action of the medicine has also been published by Mr. Martindale, in the *Pharmaceutical Journal*. This gentleman records the effects produced on himself by a dose of sixty grains in the form of infusion. This was taken late at night, and was followed in five minutes by a warmth of the blood, an unusual secretion of saliva, uneasiness in the head, and restlessness, succeeded soon by a violent perspiration. This was continued for more than an hour, when vomiting occurred, and in another hour sleep ensued. Evidently the medicine is possessed of very important properties, and it now becomes a question of considerable interest to ascertain the precise principle of the plant to which these effects are due. Mr. Martindale observed that the infusion did not seem to extract the characteristic pungent taste which the leaves possess; but as he swallowed dregs and all, it is not quite certain whether the medicinally active part of the plant is also that which yields this taste. Several chemists are working at the subject, and this doubt will, therefore, probably be soon cleared up, and *jaborandine*, or some such alkaloid, may be looked for before long.

Sulphuret of Carbon as a Local Application.

According to M. Guillaumet, of Paris, this substance is a very powerful cicatrizant. Its action is limited and rapid, entirely local, and does not bring on any of the accidents which follow the prolonged inhalation of the vapors of this substance. There is sometimes acute pain at the moment of application, but it rarely lasts longer than from twenty to sixty seconds, and is immediately followed by an anæsthetic period which lasts several hours. The sulphuret acts upon wounds of different nature and origin, such as those connected with syphilis, scrofula, and diphtheria, and changes them all beneficially. It is a valuable agent in the treatment of chronic and atonic wounds and ulcers. As this substance is extremely volatile, and has a very disagreeable odor, M. Guillaumet gives very precise directions for its use. The bottle containing the pure sulphuret of carbon should be held very near the wound; a pledget of lint should be steeped in the liquid, pressing out the surplus of the medicament on the edge of the bottle; then the pledget should be quickly and lightly passed over the surface of the wound, which should immediately be covered up with finely pulverized subnitrate of bismuth. The same method is pursued for all wounds, including those of the neck of the uterus. The powder of bismuth plays the part of an insulator, and acts as a protecting covering against the too rapid evaporation of the drug, increased by the heat of the body.

The Relation of Imperfect Teeth to Cataract.

In an article on this topic in the *British Medical Journal*, Mr. Jonathan Hutchinson, F. R. C. S., sums up his views as follows:—

By way of summary, I think it may be stated—

1. That it is exceptional to meet with lamellar cataracts, excepting in association with an imperfect development of the enamel of the teeth; but that definite exceptions, in which the teeth are quite perfect, do occur.

2. That the kind of defect observed in the teeth consists in absence of the enamel, and is shown in the incisors, canines, and first molars of the *permanent* set, to the almost invariable exemption of the præmolars. That, for purposes of diagnosis, the first molars are by far the most important, and may rank as the test teeth, since they not unfrequently show the defect when the others escape.

3. That it is highly probable that the defects in the development of the teeth are usually due to the influence of mercury exhibited in infancy; although it is quite possible that other influences, attended perhaps by inflammation of the gums, may occasionally produce similar results.

4. That teeth of the kind alluded to are met with very often in persons who are not the subjects of zonular cataract.

5. That the very important observation made by Arlt, that the subjects of lamellar cataract have usually suffered from convulsions in infancy, is fully borne out by further examination; and that it is very unusual to find lamellar cataract without such history.

6. That it is probable that there is a direct connection between the occurrence of convulsions in infancy and the development of lamellar cataract.

7. That, whilst there is every reason to believe that the defective teeth which are met with in connection with lamellar cataract are the results of mercury, the evidence seems opposed to the belief that the lenticular opacity is also due to the influence of the drug. The great frequency of mercurial teeth without lamellar cataract, and the not very infrequent occurrence of lamellar cataract without mercurial teeth, are opposed to this view.

8. That the very frequent coincident occurrence of lamellar cataract with defective teeth, is to be explained by reference to the frequency with which mercury is given for the treatment of convulsions in infancy.

9. That there is no reason whatever for supposing that lamellar cataracts have any connection with hereditary syphilis.

10. That, whilst it is certainly true that lamellar cataracts are commonly met with in young persons who show general defects of development, short stature, ill-shaped heads, defective intellect, dwarfed lower jaws, or other physiognomical peculiarities, yet there is seldom any proof of the existence of rickets; whilst it is quite possible that the peculiarities mentioned may be due to the disturbance of the nervous system in infancy in connection with the convulsions.

11. It is very important to distinguish between mercurial teeth and syphilitic teeth, and the peculiarities presented by each usually render this easy; the two are, however, as might have been expected, not uncommonly met with together.

Medical Properties of Salicylic Acid.

The Boston *Medical and Surgical Journal* gives the following information about this substance:—

In the lying-in hospital of Leipsic, salicylic acid has been employed to the exclusion of carbolic acid since July last, for disinfection of the hands, in vaginal douching, application to ulcera puerperalia, etc., in solution in water of one part in three hundred to one part in nine hundred, or as a powder mixed with starch in proportion to one part in five. This use of salicylic acid has thus far been attended with such successful results that it is recommended in the strongest terms for use in obstetric practice, by the authorities of the hospital.

Professor Kolbe suggests that physicians, and especially hospital physicians, should study the action of salicylic acid as a medicine, whether and in what quantity of larger or lesser doses it will influence scarlet fever, diphtheria eruptions, syphilis, dysentery, typhus, cholera, etc.; and whether it may be used against pyæmia and the bites of dogs; also whether it may not be used advantageously among horses, cattle, and sheep, to prevent glanders, foot-rot, mortification, etc.

Kolbe, to prove the innocuousness of salicylic acid, took, for several consecutive days, half a gramme (seven and a half grains) daily, in water, one part to one thousand, without the slightest observable unpleasant effect. After an interval of eight days he took, for five consecutive days, one gramme (fifteen and a half grains) daily, and then for two days one and a half grammes (twenty-three grains), in alcohol, each day. The digestion was perfectly normal; no trace of salicylic acid could be found in the urine or fæces. (The test is perchloride of iron, which gives an intense violet color.) At no time was there the slightest discomfort.

The experiment was repeated by Professor Kolbe and eight of his students, all at the same time. Each took on the first day one gramme, and on the second day one and a quarter grammes, of salicylic acid. Not one of them was able to observe the slightest derangement of any organs.

The acid in diluted solution is employed to wash the feet, to prevent the offensiveness arising from the butyric, valerianic, and other related acids in sweat. It is also used as a constituent in tooth-powder, and for a liquor to wash the mouth.

Professor Wunderlich, of the University Hospital, Leipsic, recommends a medicinal preparation of salicylic acid for internal use, consisting of

℞.	Acidi salicylici,	1	gramme.
	Olei amygdalæ dulcis,	20	"
	Gummi arabici,	10	"
	Syrupi amygdalæ,	25	"
	Aquæ florum aurantii,	45	" M.

Kolbe proved by experiment in the bath that the salicylic acid is very little, if at all, absorbed through the skin.

C. Neubauer (a pupil of Professor Kolbe) has experimented with salicylic acid, to determine the quantity necessary to arrest fermentation in solutions of sugar and in new wine. He found that one gramme of salicylic acid is adequate to make 0.98 gramme of press yeast (weighed dry) in ten litres (about ten quarts) of new wine incapable of fermentation.

Local Treatment of Cancer.

Dr. J. E. Nichols recommends, in the Chicago *Medical Journal*, the more frequent use of local applications in cancer. Of the cases he gives, we quote two to show his treatment:—

Case 1. Mrs. J. B., aged fifty years, sent for me December 10th, 1873. Has been scrofulous and an invalid several years. No cancer in her family. For several months a small, hard, painful tumor has been coming on the gums of incisor teeth and roof of the mouth, obviously caused by wearing false teeth on an illy fitting rubber plate. Some five weeks before, a little-pill fellow had bunglingly endeavored to extirpate it with a pair of scissors and table fork. It had grown very rapidly from the time of that mutilation, and was now as large as a walnut. Diagnosed it to be an epithelial cancer. Treatment.

℞. Chloride zinc,
Pulv. blood root, āā q. s.

Rub together in open air till it forms a stiff mass or paste. Put enough on cotton wool to cover the entire surface of the cancer, wedge more cotton wool between it and the upper lip, tell her to avoid allowing the saliva to come in contact with it as much as possible, and instruct her to remove it and have the paste wiped entirely out of the mouth when she has had it there long enough to become tired.

December 11th. Patient had left the paste in position about two hours, and on examination I found a thin white eschar over the entire surface of tumor, and detached and loose in places. Pocketed some paste under the loose parts of

eschar, and applied more on the surface as before. I returned in about two hours and removed it myself.

I repeated this process for ten days, each day removing detached parts of the eschar, and applying fresh paste, both by pocketing it under loose parts of the eschar and on cotton wool. At the end of this time the wound presented that freedom from cancerous particles that one soon learns to recognize in using this paste. The applications were quite painful at times, but not dreaded, as would have been the knife.

Case 2. Nils A., fifty years of age, from Forest City, sixty miles west of this place, came to my office December 21st, 1874. Has had a little scabby sore on his under lip the last six months; lately it has grown very rapidly, and has become very painful. It now occupies the entire under lip, is red and purple on its surface, and is seamed and squamous near its centre, discharging an acrid fluid. Diagnosis, epithelial cancer. December 22d. Apply the paste. December 23d. As the paste has become dry and baked, I remove it and apply a fresh quantity. December 24th. Remove the paste and apply bread and milk poultices. December 30th. The eschar comes away this morning on removing the poultice. It is two and a half inches long, three-fourths of an inch wide, and five-eighths of an inch thick, at its greatest diameters. Some of the cancer remaining near the right angle of the mouth, I apply the following:—

R.	Arsenious acid,	ʒij
	Mucilage gm. acacia,	ʒj.

Make into a stiff paste, apply it over surface of cancer, press a fold of lint down over it, and when it becomes hardened cut away surplus lint with scissors. This is Dr. Marsden's "Cancer Paste," and should be used on not more than one square inch of surface at one time. I like it where the greater part of a cancer has been removed, and only a point or two of it is left behind in the wound, as this paste has more of a special election for the cancer than the zinc paste, and will not destroy so much of the surrounding healthy flesh, even when used in excess. January 1st. Removed this paste by soaking it off with warm water, and have applied poultices ever since. A deep line of demarcation is now formed around the remaining part of the cancer, and I expect it to drop out in a day or two more.

—Out of one thousand marriages contracted in Paris last year, 32 of the brides are from 15 to 16 years of age; 101 from 16 to 17; 219 from 18 to 19; 233 from 20 to 21; 60 from 26 to 27; 45 from 28 to 29; 18 from 30 to 31; 14 from 32 to 33; 8 from 34 to 35; 2 from 36 to 37; 1 from 38 to 39.

—Punch suggested the following inscription for the front of an idiot asylum founded in England by a patent medicine proprietor:—

"Not oft is fate so just—see wealth restored
Back to the simple source from which it poured."

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——An interesting work on "The Maintenance of Health," by Dr. J. Milner Fothergill, has met deserved success in England.

——The Sixty-first Annual Report of the Massachusetts General Hospital (for 1874) forms a pamphlet of about 60 pages, and contains a plan and description of the new building.

——The Announcement and Catalogue of the Detroit Medical College, 1875–6, reports 24 graduates for 1875, and a large number of matriculants.

——It is pleasant to note the recognition which original professional labor in America receives in Europe. One of the most gratifying evidences of this, on account of the excellence of the selection, is a collection and translation of the various essays on over-action of the heart, and its consequences, written by Dr. J. M. Da Costa. The translator is Prof. Zeitl, of Zurich, and his volume bears the title *Die Anstrengung des Herzens.*

BOOK NOTICES.

Edward III. By the Rev. W. Warburton, M. A., with three maps. Boston, Estes & Lauriat. pp. 266.- For sale by J. B. Lippincott & Co. Price $1.00.

The reign of Edward iii, one of the most brilliant of any monarch's on the English throne, was marked by an event, perhaps the most important in its results of any medical occurrence in European history, namely, the Black Death. Mr. Warburton, a finished Oxford scholar, depicts it in the volume before us with great vividness, from cotemporary sources, and traces its economic consequences with a master hand. He states it to have been, "undoubtedly, the same disease as the plague." Its virulence surpassed any modern parallel. Fully three-fourths of the population of London, Norwich, and Yarmouth perished, and the historian considers it beyond doubt, that not less than one-half of the whole population of England died of the disease in 1348 and 1349. For this interesting chapter, as well as for the agreeable narrative of the rest of the work, we commend it to our readers.

THE

Medical & Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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115 South Seventh Street,
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THE DEATH RATE OF THE COLORED POPULATION.

The great change which has taken place in the social relations of the colored race within the last fifteen years has reacted, in a marked manner, on its sanitary condition. Many of them, as slaves, were comfortably housed, fed and clothed, the commonest motives of self-interest prompting their owners to take reasonable care of chattels worth from five hundred to a thousand dollars each. Medicines and medical attendance were furnished them when sick, most extensive planters having annual contracts with some competent physician to that effect. The close surveillance under which they were kept prevented many irregularities of life and the facile distribution of contagious diseases.

Now that all these restrictions and this extraneous care have been removed, the consequences are manifest in a largely increased death rate, and a wide-spread deterioration of individual health. We observe, in one of our daily journals, that the weekly death reports of the Board of Health of the District of Columbia, showing a terrible mortality among the colored population, have excited great interest among the more intelligent colored citizens. At a late meeting of the Board a committee was appointed to confer with the colored clergymen and others on the causes of this excessive mortality, and devise means for its prevention in future, if possible. Lack of proper food and protection from the cold are credited with most of the deaths. It was stated at a meeting of the Board, in March, that nearly 400 colored people perished during the last year, owing to the want of proper soup houses and places where charitable contributions could have been given to the needy. The colored mortality exceeds that of the whites at the rate of 50 to 75 per thousand annually.

This condition of affairs is not peculiar to Washington. The Annual Report for 1874, of Dr. Robert Lebby, City Registrar of Charleston, S. C., is before us, from which it appears that the total deaths in that city last year were 1948, of which 718 were white, 1230 colored. Taking the population of Charleston at 23,000 whites and 26,000 colored (as given in Steinwehr's *Gazetteer of the U. S.*), this shows an excess of deaths among the blacks in the proportion, 1 : 1.5, nearly. Dr. Lebby says that the disease which destroys the colored population to a great extent is consumption. From exposure, night reveling, and dissipation of all kinds, want of proper nutrition, clothing and bedding, the young and middle-aged contract pneumonias and catarrhs, which finally terminate their lives by consumption. Previous to the war, consumption among the blacks was of rare occurrence, and then only in the well-marked scrofula diathesis of the African descendant. Since the war, each year has recorded the ravages of consumption among this portion of the population. Time alone will, perhaps, check this fatality. As this class become more edu-

cated, more enlightened by religious and moral culture, and learn to improve their temporal condition by industrious labor, we may expect a change in the mortality of the colored race.

In 1872 the number of deaths from consumption, in Charleston, was 64
In 1873 the number of deaths from consumption was..... 54
In 1874 the number of deaths from consumption was..... 98

216

Of this last mentioned number the colored decedents were 69, white 29—more than twice as many, in fact, and just about double in proportion to population.

Dr. A. B. Tadlock, City Physician of Knoxville, Tenn., in his Annual Report for 1874, gives the annual death rate of the colored population of that city at 15.12 per 1000, and for the white at 10.01, or about 50 per cent. less, figures, the proportions of which are probably correct, but quite too low to be admitted as actually so.

In the regular army of the United States, where young adult males are alone embraced, the mortality among the white troops last year was 13 per 1000, among the colored 15 per 1000; while, during the five years ending with 1874, the average losses of the army by deaths and discharges for disability were 47 per 1000 of strength for the white troops, and 52 per 1000 for the colored. It thus appears that, under similar conditions, the death rate of the colored population is rather higher.

While the weak part of the negro's conformation is undoubtedly his lungs, as they are proven by numerous autopsies to be decidedly smaller in proportion to height and weight than in the white race (see Dr. McDowell, in the *Half-Yearly Compendium*, Part xv, p. 9), yet it cannot be questioned but that the defective nutrition which predisposes to strumous and tuberculous deposit is closely connected, in their case, with the rapid extension of syphilis among them since the war. Medical men, in different parts of the South, have informed us that the laxity of sexual morals is striking, and that in the cities, especially, venereal diseases are excessively rife. The infant mortality, and number of still-births, are appalling. In Charleston, last year, there were 147 colored children still-born, to 26 white, "besides the large number put away in vaults, gardens and rivers."

Such facts as these, which could be readily added to from all the Southern cities, may well give cause for earnest thought among the friends of the colored race. The remedy is not easily found. It must come with a general improvement in their morals and habits.

Notes and Comments.

Therapeutical Notes.

OZŒNA.

At the Detroit Medical Society Dr. Lathrop related a case of ozœna, in which the patient found complete relief in the persistent use of new milk and common salt. About a teaspoonful of salt was dissolved in a pint of milk. The remedy is one that commends itself to notice by its simplicity.

CROTON OIL PAINT.

Dr. John W. Corson recommends, as a substitute for blisters, the application of the following, called mild croton oil paint:—

℞.	Croton oil,	1 part
	Strong ether,	2 parts
	Tinct. iodine,	5 parts. M.

Sig. Apply two or three coats at a time, with a camel's hair brush, over a small surface, once a week This is useful for children, females, and sensitive males.

SURGICAL TREATMENT OF OZÆNA.

Dr. Rouge, of Lausanne, has devised and executed the following operation. The patient being placed under the influence of an anæsthetic, the head inclined to the right, the upper lip is raised as high as possible. The gingivo-labial ridge of the first molar is then, on the right, incised to the left. All the tissues being divided, the anterior nasal spine is reached, and then the septum is detached from its base.

It is now possible to introduce the finger into the patient's nose and to explore the nasal fossæ.

If necessary, a still larger way may be opened by dividing the cartilages of the alæ nasi at their maxillary insertions.

In nine cases operated upon by this process, it was possible to extract sequestra, to scrape the bone, and to cauterize fungosities. Cure followed in every case save one. Hemorrhage, somewhat abundant in a single case, was never sufficient to cause anxiety or give occasion for the use of ligatures or hemostatics.

THE USE OF ERGOT IN THE TREATMENT OF HEMORRHOIDS.

Some experiments have been made at the Roosevelt Hospital on the effects of ergot on hemorrhoids. The method pursued is to keep the bowels open, and use an enema composed of one drachm of tincture of ergot and three ounces of water. This is in reality a topical application, as much of the injection comes away. So far the results are quite satisfactory.

THE LAMINARIA BOUGIE IN STRICTURE.

The difficulty with this bougie is its irregular expansion. Mr. A. Cooper Key has devised a method by which this tendency to expansion can be entirely obviated. It is as follows. A small portion of the laminaria is first filed away, and then lapped with the finest black silk, which is so applied as not only to present a perfectly smooth surface, but to prevent all risk of slipping off. This coating of silk is next varnished, and when dry the instrument is ready for use. The important point in applying it is to take care that the coated portion of the instrument be passed through the stricture, so that it shall correspond to that portion of the urethra immediately behind it.

A Simple Method of Preparing the Coloring Matter of the Urine from the Pigment of the Blood.

Hoppe Seyler (Berichte der Deutsch Chem. Gesell vii, 1065) obtains, by the action of tin and hydrochloric acid upon hæmatin, in alcoholic solution, a pigment, which, when dry, appears of a brownish-red color, by transmitted light, and a beautiful golden-yellow green, with a metallic lustre, by reflected light. The preparation of this, in a pure state, still offers several difficulties. The coloring matter obtained in the above mentioned method, from hæmatin, agrees in all its properties, chemical as well as optical, with the urobilin of Jaffe; also conforms to hydrobilirubin, which may be obtained by the action of sodium amalgam on bilirubin.

Also, by treating undecomposed hæmoglobin with tin and hydrochloric acid, in alcoholic solution, the same color is readily obtained. Hence it follows that the coloring matter of normal fæces and of urine can be prepared by a reduction of the various derived products of the blood pigment. That the bile pigments, bilirubin and biliverdin represent intermediate products in the change, or, at least, they hold a near relationship to the blood pigment, as had been already proved to be of the highest plausibility in Hoppe Seyler's Laboratory, through the labors of W. Kuehm, Hermann, von Tarchanoff (Archiv der Physiologie, ix, 53 and 329), and of Hoppe Seyler himself.

The Detection of Quinia in Urine.

According to Vitali (Centralblatt f. d. Med. Wissench., 1874, p. 718), for this purpose the urine is made alkaline with ammonia and agitated with ether, by which means the quinia is held by the ether. According to the author 8.10 cc. of urine, and 5 6 cc. of ether are sufficient. The ether is then decanted, and, after the addition of a drop of hydrochloric acid, evaporated. The hardly perceptible residue will show the well-known green color by the absorption of a single drop of chlorine water, and the addition of ammonia. E. Salkowski, who has used the above method for a year, remarks that with smaller quantities the method still responds. The sensitiveness, according to Salkowski, is increased when, after the evaporation of the ether, the residue is dissolved, again made alkaline with ammonia, agitated with ether, etc.

Dangers from the Use of the Female Syringe.

This common instrument is frequently used to prevent conception, as well as for remedial ends. Hence it is worth while to quote some remarks at the Dublin Obstetrical Society, made by Dr. Thos. More Madden. He said that the ordinary vaginal syringe is the most frequently used instrument in gynæcological practice, being employed in nine-tenths of the cases of real or suspected uterine disease, and as it is freely ordered by medical men, and habitually used by patients without any special caution or apprehension of possible danger, he thought that the history of a case showing that this instrument is by no means as harmless as it is commonly supposed to be, was not undeserving of the consideration of the Obstetrical Society.

The case was one of intense uterine colic, followed by severe metro-peritonitis, which came on suddenly during the use of an astringent injection with the ordinary vaginal syringe. The metro-peritonitis was accompanied with almost complete collapse, and attended with uncontrollable retching, by which the patient's life was kept in extreme jeopardy for several days. The symptoms were evidently caused by the injected fluid having passed through the patulous os into the cavity of the uterus, which was in a state of subinvolution at the time, and by the escape of a portion of it through the dilated Fallopian tube into the peritoneal cavity.

Revaccination.

M. Blot, in his annual report to the Académie de Médecine, expressed his regret that revaccination was not rendered compulsory, and observed that it should always be practiced with lymph taken from first vaccinations, M. Leduc having shown that the power of the lymph becomes completely worn out after the sixth revaccination. The fact that small-pox has been already passed through should not prevent revaccination; for instances are becoming more and more common in which variola has occurred twice, or even thrice, in the same subject; while vaccination often succeeds very well in individuals disfigured by small-pox.

Lager Beer.

Professor Redwood says the beer brewers use quassia and cocculus indicus to adulterate their beer. In Germany, the compound sold as beer is often made from glycerine, hop extract, meadow saffron, proof spirits, and water.

The Rapidity of Propagation of Excitation in Muscle.

The investigations of Aeby, v. Bezold, Place, and Valentin showed that the rapidity of propagation of excitation in a muscle was about forty inches per second. More recently, however, Bernstein, employing a different muscle, came to the conclusion that the rapidity was much greater, in fact, not less than one hundred and seventy inches per second. Hermann has recently pointed out (Pflüger's *Archiv*, 1875, p. 48) that both sets of experiments were vitiated by the circumstance that muscles were selected which had a tendinous intersection. He himself used the sartorius of the frog, and the result he has obtained is, that the rapidity of propagation is about one hundred and twenty inches per second.

Effects of Light on Growth.

It is noted in a European cotemporary that Prof. Schnetzler, of Lausanne, has made some experiments on the effects of colored light upon the development of the ova of frogs. He placed fertilized eggs of frogs in colorless glass vessels, and others in green-tinted ones. He found the development of the young animals to be very slow in the latter vessels as compared with those in the former. Prof. Schnetzler attributes this difference to the fact that the colorless glass vessels contained ozone constantly, whereas in the green ones not a trace of it could be detected.

Correspondence.

Contraction of the Fingers From Wounding a Nerve Cured by Plugging with Nitrate of Silver.

Ed. Med. and Surg. Reporter:—

The patient, a young man, aged thirty-five, in whom the median nerve had been wounded in the left arm, during venesection, felt tenderness along the arm, with spasmodic contraction of the flexors of the middle, ring, and little fingers, effects which had ceased on entirely removing the cicatrix made by the lancet and a portion of the adjacent skin. The cure remained permanent until about two years afterwards, when venesection was repeated in an adjacent vein. When the contraction recurred, this second cicatrix was removed, as the former one had been, and with the same good effect, but, in this latter instance the cure was less prompt and less perfect, and has not been permanent. The contraction of the three fingers has returned, and with it a slight contraction of the biceps and brachial nerve. In this condition the patient consulted me, July 29, 1874. The middle and ring fingers were forcibly flexed into the palm of the hand, whilst the little finger was drawn underneath them; the tendon of the bicep was kept in a constant slightly rigid state of contraction. I immediately commenced to examine as to what would be most likely to benefit the patient, who had formerly obtained his living by saddlery, an occupation which he now cannot follow. Considering the contraction to be clearly the result of retro-active intervention of the biceps in the disposition to extend, and looking at the effect of removing the cicatrix on both occasions, due to this consideration, I thought its importance was due to thus cutting off the nervous connection existing between the cicatrix and spinal marrow.

I perforated, with a pointed lancet trocar, the

internal and external cutaneous nerves at their lower part, and introduced plugs of the nitrate of silver, in its solid form, within the perforated aperture of each. This proceeding can be repeated, if necessary, every five days, until the contractions disappear. I am sufficiently of the conviction that the surgeon will be justified in such a proceeding, as I have considered that there was no fear of the disease extending its limits, although there was some undue tenderness above the cicatrix. After applying the dressing, I directed a lotion to be applied morning and evening to the whole arm, and prescribed the following formula for lotion:—

℞. Tinct. belladonnæ, f.℥v
Potassæ chloratis pulv., ℥iij
Ætheris sulphurici, F. ℥ij.

Fiat. solutio. This lotion must be well shaken before it is used, and be rubbed into the arm as high as the axillæ.

The nitrate of silver is a remedy of considerable importance in the treatment of the above disease. It is also applicable in a concentrated solution of glycerine, tinct. of iodine, or spirits of nitric ether. According to the manner of its use, it may act as a discutient, a stimulant, a sedative, and as a substitution, capable of imparting impulse and give an increased energy. It is, therefore, by these properties, useful in the removal of contraction from some morbid causes, and restores the healthy balance of action, and quiets refractory nervous motion. It converts at once the most persistent contractibility into normal condition, and produces the state of calm which is necessary for the process of cure. Dr. Guthrie, of London, is associated with its application in opacity of the cornea, apparently on a similar principle of absorption.

The constitutional remedies employed are, antiphlogistics, alteratives and tonics. First among antiphlogistics are effervescent saline, which facilitate secretion, and allay irritability, and nerve tonic, such as quiniæ sulph., and as an assimilative alterative, such as dulcamara fluid, with the elixir bromide potassium.

J. B. C. Gazzo, M. D.,
La Fourche Parish, La.

News and Miscellany.

The Centennial Medical Commission of Philadelphia.

In the national celebration which is to take place in this city next year, it is important that the medical profession be represented in a manner worthy of the prominent part it has taken in the history of our country. Physicians from distant States and foreign lands have a right to look for a professional welcome from those of this city, and an effort to render their visit here pleasant, both by personal cordiality and scientific entertainment.

With such objects in view, a body entitled "The Centennial Medical Commission of Philadelphia" has now been fully organized, by the election of the following officers:—

President—Samuel D. Gross, M.D., LL.D., D.C.L. Oxon.

Vice Presidents—W. S. W. Ruschenberger, M. D., U. S. N., and Alfred Stillé, M. D.

Secretary—Wm. B. Atkinson, M. D.

American Corresponding Secretary—Daniel G. Brinton, M. D.

Foreign Corresponding Secretary—Richard J. Dunglison, M. D.

Treasurer—Caspar Wister, M. D.

Executive Committee—Drs. Washington L. Atlee, D. Hayes Agnew, Robert Burns, David Burpee, J. S. Eshleman, Albert Fricke, N. L. Hatfield, H. Lenox Hodge, W. H. Pancoast, Robert E. Rogers, J. G. Stetler, L. Turnbull, and Edward Wallace, and the officers.

Arrangements have been made to hold an International Medical Congress early in September, 1876, in Philadelphia, at which discourses will be read upon Medicine and Medical Progress in the United States; on Surgery; Obstetrics; Chemistry and Pharmacy; Materia Medica; Medical Jurisprudence and Toxicology; Hygiene and Social Science; Medical Biography; Medical Education and Institutions; and Medical Literature. The morning sessions will be devoted to general business and reading these discourses, while the afternoon sessions will be devoted to sections on Medicine, on Surgery and Anatomy, on Obstetrics, on Chemistry, Materia Medica, Hygiene, and Medical Jurisprudence, and on Ophthalmology and Otology. This congress will consist of delegates, native and foreign, representing the American Medical Association, the various State medical societies, and the medical societies of Europe, Mexico, the British Dominions, Central and South America, the Sandwich Islands, the East and West Indies, China and Japan. The congress is to be organized by the election of a president, thirteen vice-presidents, seven of whom shall be natives and six foreigners; a recording secretary, two corresponding secretaries, a treasurer, an executive committee, and a committee on publication. It has been agreed that no vote shall be taken during the sittings of the congress upon any topic discussed or address delivered. The preparation of these discourses has been entrusted to able hands, and it is intended to publish them in an appropriate volume commemorative of the occasion.

A circular has been prepared stating the above action and the objects had in view by the Centennial Medical Commission, which will be sent, through the medium of our foreign ministers and consuls, to the proper bodies. Special invitations will be issued to numerous medical gentlemen, noted for their high scientific and social position. One great object will be to make the meeting one of a truly representative character of the profession, both in its native and foreign elements, and in order to prevent the admission of any unworthy applicants, proper testimonials will be required by the

Committee on Credentials. Distinguished medical gentlemen coming here as visitors may be admitted to membership by special invitation. As the Commission progresses in its labors, the readers of the REPORTER will be fully informed of its action.

American Medical Association.

The Twenty-sixth Annual Session will be held in the city of Louisville, Ky., on Tuesday, May 4th, 1875, at 11 A. M.

Tickets will be issued to delegates from Philadelphia to Louisville and return, for $24, on presenting an order from the undersigned. Those who want orders should send a *stamp* and say which route they prefer, Pennsylvania Central or Philadelphia, Wilmington and Baltimore. WM. B. ATKINSON, 1400 Pine street,

Permanent Secretary.

[The MEDICAL AND SURGICAL REPORTER will be represented by Mr. George Kiel.]

Northern Medical Association of Philadelphia.

A stated meeting will be held at the Hall of the Northern Dispensary, 608 Fairmount Avenue, on Friday evening, April 23d instant, at eight o'clock. Subject for discussion, A Case of Purpura Hemorrhagica, Treated by Ergotin. To be introduced by Dr. A. K. Minich. Medical profession cordially invited.

CHARLES CARTER, *Secretary.*

The Philadelphia County Medical Society

Meets Wednesday, April 14th. Paper on "Chloral," by Dr. W. B. Atkinson.

Chinese Method of Inoculation.

The way in which the Chinese inoculate the cowpox is this:—The dry virus, in a pulverulent state, is blown through a silver tube into the left nostril if the patient be a girl, and into the right one in case of a boy. A second and more modern method consists in dissolving the dry virus in four or five drops of clear water; this is then taken up in a little cotton, which they thrust into the right or left nostril, according to the sex, as above stated. The third way consists in performing the same operation with fresh virus, which is taken on the spot from a healthy child.

Items.

—Dr. Irwin, of Tuckerton, N. J., writes us:—We are having an epidemic of erysipelas and puerperal fever prevailing here at this time; the erysipelas yields to treatment, but the puerperal fever is of malignant type, and has proved fatal in several cases.

—A certain wit being sick, one day his physician apologized for being tardy, saying that he had been called to see a man who had fallen into a well. "Did he kick the bucket?" inquired the patient.

Personal.

—Dr. H. L. Hodge has removed to 506 South Broad street.

—Dr. S. S. Stryker has removed to 3713 Walnut street.

—Dr James L. Little, of New York, has accepted the position of Professor of Surgery in the medical department of the University of Vermont, at Burlington, vice Prof. Benjamin Howard, whose continued illness compels him to resign.

QUERIES AND REPLIES.

MR. EDITOR:—'It seems a singular oversight in Dr. Blake not to give the weight of his extraordinary-sized child. Our ideas in this matter are mainly based on the weight, as few are measured, but many weighed. To give the weight, Dr. Blake will meet the wishes of many besides that of

T. F. NEWCOMER, M. D., Ohio.

Luzerne.—The salary of the physicians at the House of Correction varies (we are informed), in proportion to the influence of their political friends. It is not permanently defined. They are appointed by the municipal authorities.

Oregon.—No volumes of Ziemssen's *Cyclopedia* are sold separately.

MARRIAGES.

HAMILTON—WALLACE.—By Rev. J. K. McKallip, at Pittsburgh, Pa., Feb. 25th, 1875, Hugh Hamilton, M.D., of Harrisburg, Pa., and Miss Florence Wallace, daughter of the late Rev. Benj. J. Wallace, D.D., of Philadelphia, Pa.

KING—BATTEY.—In Rome, Georgia, on the 10th of March, John B. King, of Savannah, Georgia, to Mary, daughter of Dr. Robert Battey, of Atlanta, Georgia.

MCCARTHY—GAYTON.—March 23d, by the Rev. S. W. Pomeroy, A. R. McCarthy, M.D., and Mary E. Gayton, both of Mount Union, Huntingdon Co., Pa.

MEADER—MORTON.—In Marshall county, Mississippi, on the 24th ult., by the Rev. J. H. Morris, Mr. J. D. Meader and Miss Esther Morton, sister of J. W. Morton, M. D.

MUNHOLLAND—CHALFANT.—March 18th, by the Rev. W. W. Latta, Henry P. Munholland, M.D., and Ella S. Chalfant, both of Waynesburg, Chester Co., Pa.

UNDERWOOD—MARKLEW.—At the residence of Edmund Schofield, Esq., this city, March 24th, by Rev. W. B. Noble, assisted by Rev James Fraser, Dr. Robert R. Underwood and Miss Mary Adelaide, daughter of the late Edward Marklew, Esq., of Philadelphia.

DEATHS.

BROLASKY.—At Hamilton, Bermuda, March 23, 1875, Joseph P. Brolasky, M.D., in the 47th year of his age.

FIELD.—In New York, on Saturday, March 20, George White Field, M.D., of Geneva, N. Y., in the 50th year of his age.

RAY.—In Brooklyn, on Tuesday, March 23, 1875, Joseph H. Ray, M.D.

THOMAS.—In this city, on the 19th inst., John Grier Thomas, M.D., in the 88th year of his age.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

RETRO-PHARYNGEAL ABSCESS WITH CARIES OF THE THIRD CERVICAL VERTEBRA.

BY A. G. WALTER, M. D.,
Of Pittsburgh, Pa.

Case of Martin, son of J. M. R., æt. nineteen months, of East Liberty, Pittsburgh. The patient, a well-developed child, had exhibited no signs of ill health or of a defective constitution, from its birth until four months before it came under my observation, but a history of tuberculosis was easily traced in its paternal ancestry. At the time mentioned, four months before I saw the patient, he received a burn, from the contact of scalding water, upon his back, to the right of the spinal column, and at the lower border of the scapula, a space about four inches square being involved. The burn was of an unimportant character, and is mentioned simply because to it was attributed by the parents all of the subsequent symptoms manifested by the disease which succeeded it. The burn did not heal for four weeks, but a week after its receipt, a crust in the meantime having formed, the child was observed to walk with its head drawn to the right side, and backward in the direction of the fibres of the right trapezius muscle and toward the burn. A month later it was noticed that the child had some difficulty during deglutition, that the respiration was interfered with, and that it slept poorly. During the four weeks preceding my examination of the child the respiration was much obstructed, and was of a snoring character, attended with loud rattling in the trachea. In addition, the strength was commencing to fail, and it became unable to walk.

Upon examination I found the head drawn backward and to the right side, in the direction of the fibres of the right trapezius and splenius capitis et colli muscles. These muscles were not rigid or contracted in the least, but on the contrary were perfectly pliable, and offered no resistance whatever to the replacement of the head in its normal position. The cicatrix resulting from the burn was completely effaced, and no contraction of the dermis existed. The patient could move his head from side to side.

An examination of the fauces was then made, when a tense swelling, of the size of a small hen's egg, without pulsation, was found on the right side and behind the pharynx, almost entirely filling the latter, and compressing the larynx. The fauces were filled with a great collection of phlegm, which the patient was unable to expectorate or swallow.

The patient slept well, but kept his eyes half open, moaned and snored a great deal, and rested upon the right side of his head, which was thrown backward. He could not raise himself out of the recumbent position. He had a good appetite but some difficulty in swallowing. The bowels were constipated and fæces dry. He was slightly feverish, and his cheeks were occasionally flushed, but there was no cough.

Pressure applied along the spine and upon the vertex did not occasion any flinching or indications of pain or uneasiness.

The size of the swelling behind the pharynx being sufficient to account for the retracted con-

dition of the head, the absence of tenderness under pressure along the spine, and the comparatively healthy condition of the child, induced the opinion that it was a case of simple abscess in the connective tissue, between the vertebræ and the pharynx, although the possibility of the presence of caries of the spine was carefully considered.

On February 14th, 1875, five months after the appearance of the first indication of the disease, I decided to puncture the swelling. The patient being held firmly by an assistant, and his jaws separated, I passed a long, narrow-bladed bistoury into the substance of the swelling. Pus following the puncture, a free incision was made, and the patient's body was bent forward in order to allow of the free escape of the pus, and to prevent its entrance into the larynx, preparations having been previously made for the performance of tracheotomy, should that event supervene. A free discharge of pus occurred without accident, and the incision was then penciled with carbolized oil.

The minutes of the subsequent progress of the case are condensed as follows from my notes:

February 15th, 16th, and 17th. He sleeps well; has no fever; respires easily; swallows without difficulty, and the functions are normal. Some pus still comes from the abscess, and the child coughs occasionally, and then swallows, in consequence, a portion of the matter passing down his throat. He still holds his head awry, and the holding of his head straight seems to hurt him and makes him cry and complain.

February 18th, 19th, and 20th. He sleeps well, and the functions are normal, but he cries occasionally in his sleep; coughs occasionally; does not respire as quietly as he did, and cries as if in pain whenever he is lifted up. The head is held awry and the discharge of pus has ceased.

February 21st, 22d and 23d. He sleeps enough, but startles in his sleep frequently and cries. The functions are normal. He breathes less quietly than during the last few days, but still with less effort and noise than before the incision was made. He does not walk any, and remains recumbent, while the head is becoming more crooked.

February 24th, 25th and 26th. He does not sleep well, awakes and cries frequently, and is feverish and thirsty. He is restless, breathes louder, and coughs whenever he drinks.

February 28th. The patient still breathes better than before the evacuation of the abscess, but he holds his head further back and appears to be pained when lifted up. No perceptible swelling can be felt in the pharynx, beyond what the evacuated cyst has left. An incision was again made, but only a speck of pus was noticed.

℞. Ext. belladonnæ, ʒij.
Ung. hydrarg, ʒvj. M.

Sig.—To be rubbed over the back of the neck.

The little patient has been kept upon a well cushioned pillow, supporting his head, neck, and entire body, for the purpose of securing immovable rest to the spine, and the parents were enjoined to be very careful and guarded during the necessary movements of his body. To give still more security and enforce rest, a cushioned leather splint for the head, neck and back was ordered to be applied, with the view of supporting the neck. The patient is to partake freely of wine, milk and soups.

℞. Syr. ferri pyrophosph.,
Tinct. cinchonæ, āā. gtt.x.

Twice a day.

March 1st. He slept sufficiently, but awoke, crying, about a dozen times. He breathes more quietly, but is hoarse. He is very thirsty and has not much appetite. The functions are normal.

March 2d. He sleeps a great deal and awakens less frequently. He respires more easily, he has no fever, and the functions are normal. He has less appetite. While examining the swelling in the pharynx, a small piece of soft bone, one-half inch square, in all probability a portion detached from the body of a vertebra, was extracted. Some pus is still discharged, and the mouth of the child smells of very offensive pus.

March 3d. He sleeps well, breathes easily and quietly, and has a good appetite, but he cries sometimes, as if in pain.

March 4th. He was restless and did not sleep well. His appetite is poor, and this morning he passed three thin, yellowish stools, which contained flakes of white matter. He cries whenever moved, or when any part of his spine is touched, and he frequently puts his hand to his head, as if he had pain there. Some thin fluid or serum is being discharged from the left ear. The patient is pale, and is becoming emaciated.

March 5th. He sleeps badly and cries almost constantly. He is pale and thin; his appetite is poor; he is thirsty; his pulse is quick, and the skin is dry and too warm. The respiration is quick, the nostrils dilate, there is rattling in the trachea, and the lips are cyanosed. He coughs a good deal, and moans frequently. The cushioned leather splint for the support of the head and entire back was re-applied, and secured by roller bandages passed around the head and body.

March 6th, A. M. He did not sleep any, and cried a good deal. The hands are hot, and he is thirsty, but the general temperature is not increased. He had one stool yesterday and one to-day.

P. M. He is less restless, but moans almost constantly. There is less rattling in the trachea. The respiration and pulse are quick, and the pupils dilated and sluggish.* He takes sufficient nourishment.

℞. Sodæ hyposulph.,	gr.j
Tr. digitalis,	gtt.ij
Tr. opii,	gtt.ℊ
Syr. senegæ,	gtt.x.

Every two hours.

March 7th. The condition of the patient did not vary much during the night, and he slept very well. In the morning he appeared better, took a plate of milk and wine with evident relish, and then fell asleep. He did not awake again, but slept quietly and easily until 8.30 A. M., when, without a struggle, he expired.

Autopsy.—Twenty-eight hours after death. Body considerably emaciated. The cervical vertebræ were removed entire. The body of the third cervical vertebra had almost entirely disappeared, and what little remained was broken down, softened and disintegrated. No pus was found in the cavity, the abscess having emptied its contents into the œsophagus. The affected vertebra was slipped forward, somewhat under the axis, but there was no compression of the cord. The cord and its membranes appeared to be healthy, and there was entire absence of hyperæmia.

An examination of the brain, organs of the chest and viscera was not permitted.

This case is reported, not only on account of its interest, but of the diverse opinions its complicated features induced among the members of the profession who examined it. The occurrence of perceptible curvature forward, with caries in the cervical region, is rare, as is also the insidiousness of the disease, which had resulted in the complete disintegration and discharge or absorption of the body of the vertebra before there was any appreciable inroad effected upon the general health, and without the manifestation, at any time, of either paralysis motus or sensationis.

The sudden death of the child, and the manner of it, were unexpected, and in the absence of a sufficient degree of constitutional involvement to account for them, they may be attributed to embolism, due to septicæmia.

*The reader is referred to a paper recently read before the Neurological Society, by Dr. C. S. Bull, on the connection, first observed by him, between certain lesions of the optic nerve and some affections of the spinal cord, in which this symptom is mentioned as occurring.

GYNECOLOGICAL NOTES.

BY F. K. BAILEY, M. D.,
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Every medical practitioner is constantly meeting with cases of disease peculiar to the female. Many of them may be classed among the most formidable affections to which the sex is liable. Within the past few years so much attention has been devoted to this department of pathology, that an important specialty has been created. Not a few devote their exclusive attention to the practice of gynecology, and some of our most voluminous text books treat solely upon diseases of women. While all will admit the propriety of medical men in the large cities devoting all their time to their chosen specialty, still they are unable to treat every case that occurs, and consequently the general practitioner is almost daily encountering cases which demand special treatment. From this fact it is important that the general practitioner should be thoroughly acquainted with the literature of gynecology, and the best means of diagnosis and treatment.

During the first quarter of this century diseases of the female organs of generation were rather uncommon, or their existence unsuspected.

During the second quarter began a devotion to their investigation and treatment, which, during the past twenty-five years, has been wonderful in results.

In my practice I have met with and taken notes of a few cases of interest, and propose to present some details of their progress and treatment.

Case 1.—Disease of the Uterus.

November 29th, 1873. Mary H., æt. about 32; large and well-formed white woman; married, but does not live with her husband. Has had children, but none are living. Has had the whites more or less for some years, but during the last summer and fall has suffered with pain in the uterine region, and in September was treated for pelvic cellulitis by another physician.

To-day examined with speculum, and found the os uteri low down in the vagina, and pouring from it a grumous mucus. The anterior lip is enlarged, not sore, but rather pale in color.

Passed a sound three and a half inches, without any resistance. The fundus appears pushed to the left side, somewhat, but not flexed in either direction. Applied strong solution of carbolic acid, on a pencil of dry compressed sponge, to the cervix, as high as the internal os; caused pain, but no bloody discharge.

December 1st. Called again, when I found less soreness of the womb on passing the probe. Bleeding slightly after application of the acid. She says the whites have been worse for two days past.

December 3d. Learned from her, to-day, a fuller history of the case. Married during the war, and had twins the first year; one was still-born, and the other died in thirty-six hours.

In eleven months had a child which did not survive long. Two years ago, aborted at two or three months, and since that time she has not been free from uterine trouble. She says the afterbirth did not come away for some days, and then only as it seemed to "rot away." Reports to-day that she has felt better since Tuesday; less pain and leucorrhœal discharge. To come to-morrow morning for treatment.

December 11th. Since the last report a catamenial period passed with no untoward symptoms. To-day found condition of the os improved, both as to size and color; smaller, and more pale. Complains of soreness when the sound was introduced, and I did not pass it. Touched with carbolic acid, mixed with a little glycerine.

December 13th. Condition unchanged, except that blood followed the sound.

December 15th. Passed the sound but two inches, and without causing pain or bleeding. Says she feels much less of dragging in the back and hips than for some weeks. Passed a piece of compressed sponge, saturated with pure carbolic acid, to the internal os. Complains less than at any former time. No smarting in the canal of the cervix after the sponge was passed, but on wiping the lips of the womb with acid, the smarting was severe.

December 17th. Called in; she said there had been some "show" since the last application, with pain, and a feeling of nervousness and disposition to tremor. Gave pulv. doveri to take if pain continues

December 22d. Patient called; found uterus low down, and the os very patulous. Probe passed three and a half inches, but caused some pain. Introduced a piece of compressed sponge, saturated with stronge carbolic acid, within the cervix, and as high as the os internum. A great quanity of mucus came away, with a slight tinge of blood.

December 24th. Since last report there has been quite a show, and accordingly did not interfere. Complains of pain in the left ovarian region, extending downward to the thigh. Enjoined quiet, and to come on 29th inst.

January 2d, 1874. Since last report she has been unable to come to my office, and to-day is confined to her bed; complains of pain in the ovarian region on each side, and has a constant sanguineous flow from the vagina. Advised rest, and gave Dover's powders, to be taken p. r. n.

January 12th. The "wasting" somewhat diminished, but has continued more or less free for two weeks. Gave fluid extract ergot, to be taken in doses of twenty drops three times daily. She is able to be about to-day, and complains less of pain in the ovarian region.

January 14th. Called in and stated that the flowing had nearly ceased, but that the "whites" continued profuse. Directed a continuance of the ergot.

January 21st. Still has leucorrhœa, but no sanguineous discharge. Complains of pain and soreness in the right and left ovarian regions. Still takes the ergot, which she is to continue.

February 9th. Had not seen this patient till to-day, when I was called to her house, and found her with a burning fever. Had a chill this morning at nine o'clock, followed with fever and nausea. She informs me that her menses came on about the 1st inst., and continued for six days, rather profuse. That since last report the leucorrhœa had subsided, and the pain in the ovarian region was nearly gone. She had taken the ergot regularly, till a few

days ago. Gave pulv. doveri, to be followed with quinine to-morrow morning.

February 16th. The woman called at my office, and on examination with a speculum, found os uteri much lessened in size, and of a pale, natural color. Slight oozing of a gelatinous substance, but in quantity lessened. Sound passed but two and a half inches, and without any pain. Complains of but little pelvic uneasiness. Made no topical application, except equal parts of carbolic acid and glycerine to the os and cervix.

March 26th. Saw the patient, who informs me that she has had no trouble during the two menstrual periods last past. The quantity has been normal, and not succeeded by leucorrhœal discharge. Pelvic soreness subsided almost entirely, and no ovarian pain and tenderness. She has much improved in general appearance, and calls herself well.

June 1st. This woman has continued to the present time free from leucorrhœa and menorrhagic flowing. She says that less trouble has been experienced during menstruation than for a long time. But little indication of ovarian derangement.

August 1st. I have seen this woman occasionally during the last two months, but there has been no return of uterine disturbance. The good effects of carbolic acid topically applied, and ergot administered internally, were very apparent in the above case. There was turgescence of the cervix, with the tendency to hemorrhage and profuse secretion of mucus from the body of the uterus. The woman now calls herself entirely cured of a trouble which had annoyed her a long time.

December 10th, 1874. This woman had passed from my personal notice till to-day, when I saw her at her house. Since June she has had a return of her uterine troubles, and was attended by another physician. I learn that there was hæmatocele upon the right side of the vagina, attended with great constitutional disturbance and prostration. On my visit to-day I found her laboring under looseness and great irritability of the bowels. I gave morphia and subnitrate of bismuth. On conferring with her present physician, I learn that during the summer there was a return of the enlargement of the cervix uteri, especially of the anterior lip, with engorgement of the whole organ. Menses irregular, both in frequency and amount. For the last eight weeks she has been confined to her room, and most of the time unable to leave the bed. Emaciated, and altogether changed in general appearance. She has been obliged to take tr. opii regularly for some time, to procure any ease from pain. Having been requested to see her while her medical attendant was unable to do so, I merely prescribed temporarily, and make this note, in order to keep a chain unbroken in her medical history.

December 14th. Called in and found her relieved of the irritability of the bowels, but there remains a soreness at the pit of stomach. No complaint in the pelvic region.

February 20th, 1875. This woman called at my office and stated that for some days past she has had discharges from the bowels, which appear to her to be pus. The inclination to void something from the rectum comes on suddenly, and sometimes she is not able to avoid soiling her clothing. In conversation with the physician who has of late been in charge of the case, I am informed that the purulent discharge from the rectum is without doubt from an abscess which had formed upon the left side, in the cellular tissue, and opened into the rectum. Severe pain had been felt previous to the escape of pus, but since that but little was experienced.

There is still an elongation of the anterior segment of the cervix, which is nearly an inch in extent. Palliative measures only have been adopted of late, in way of treatment.

Case 2.—Uterine Disease, with Probable Cellulitis.

Sunday, November 2d, 1873. Called to visit Mrs. L. W., aged thirty; married at fourteen, and has had nine children, four now living. Fair complexion; firmly built, and well nourished. Complains of severe pain in the right hypogastrium, attended with soreness on pressure, and, at times, the pain extends downward to the middle of the thigh. Pulse about 100; tongue slightly coated; some thirst, and general uneasiness. Pain in the frontal region; no appetite, and unable to leave the bed. Bowels confined habitually; no action for thirty-six hours. Says there is profuse leucorrhœal discharge, inclining to yellow, which has been constant for some weeks. Menses regular in frequency, but sometimes too free. Leucorrhœa succeeds the flow, and continues till the next period.

Diagnosis.—Inflammation of the right ovary, with uterine catarrh.

Prescription.—Black draught at night, with sulph. morphine and subnit. bismuth after the bowels move. To apply belladonna plaster to the painful region.

Monday, 8 A. M. Bowels open; feels better; has taken two powders, morph. and bismuth.

Tuesday, 4th. Still better, in regard to pain. Leucorrhœa unchanged. Prescribed

℞. Bromidi potassii, ʒij.
Fluid ext. sec. cornuti
Sol. morphiæ, āā ℥ss.
Tr. cinch. compos. ℥j. M.
Sig.—Teaspoonful every four hours.

Wednesday, 5th. States that pain returned in the ovarian region during the night, for which she applied strong hop poultice. Uterine discharge much less. Appetite returning. Continued treatment.

Saturday, 8th. Was called at 7 A. M., and found on my arrival that she had, since yesterday, passed a quantity of blood and mucus from the rectum, attended with pain across the colon, and some nausea, but no vomiting. Pain in the right iliac region nearly gone, and also the leucorrhœa. Was able to be about the house yesterday, and took the bed after the discharge commenced. The bowels are at present quiet, and I prescribed small doses Dover powder, with subnit. bismuth, if pain should recur, or the discharges. To take the brom. potass. and ergot mixture only at 5 o'clock, P. M.

I had seen this case some two years previous, on invitation of her medical attendant. There was at that time hypertrophy of the cervix uteri, and a constant leucorrhœa. There had been no permanent relief of her unpleasant symptoms up to the time I was consulted. The case, without doubt, had become one of cellular inflammation in the tissue about the right ovary, culminating in suppuration, and discharge of pus into the rectum. Up to the present date (April 1, 1875) I have heard but little of the woman, although she is still in the city.

Case 3.—Menstrual Derangement, with Cellulitis.

April 6th, 1874. Charlotte B., aged forty-eight; colored; mother of eleven children, seven living. Has always been regular in the menstrual function, except when pregnant and nursing a child, since the age of thirteen. A few days since the flow came on as usual, but after twenty-four hours suddenly stopped. At once there began to be extreme soreness, with pain in the hypogastric region, and fever. Found her with tongue coated white, some fever, and general uneasiness. Prescribed laxatives, to open the bowels, which were constipated, to be followed by Dover powder, p. r. n. Prescribed brom. potassii at night.

April 21st. Have called two or three times, and found the soreness still present, with no improvement in general appearances. To continue laxatives and Dover powder. Tell her she will not be entirely relieved till the next period shall come around.

April 23d. Till yesterday, there was but little abatement of pain. Some time during the preceding night there began to be a free discharge from the vagina, which the woman said looked like matter from a sore. As it escaped, relief was experienced, so far as severe pain was concerned, but the soreness and general tenderness have continued to a certain degree. The pulse is soft, tongue cleaning, and the general indications more favorable. It is probable that pelvic cellulitis had occurred in the left side. To continue pulv. dov., p. r. n.

April 25th. Much better. No pain, but feels weak. Says a pint or more of matter escaped from the vagina, and nearly as much from the rectum. Making all due allowance for her overestimate, it is probable that pus escaped from both sources, in considerable quantities. To take ten drops aromat. sulph. acid three times a day, and to have generous diet.

Aug. 20th. Am told by her daughter, that the menses did not return till last week. Since her sickness last spring, her health has been very good for some weeks, and she now feels quite well.

Dec. 12th. Visiting a daughter that requires medical advice, I find that Charlotte has been regular in the menses since my last visit, having missed three months at that time. Now, she complains of pain in the pelvis and head, with reflex cardiac disturbance. Is easily excited by any sudden noise, or the approach of any one to the house. Says she has gone over her expected time one week. Bowels constipated all the time. Prescribed,

℞. Bromidi potassii, ʒij
Fluid ext. valerianæ,
Spts. etheris compos., āā ℥ss
Aquæ amygdal. amaræ,
" camphoræ, āā ℥j. M.
Sig.—Teaspoonful, as a nervine.

Dec. 18th. Has been free from headache since taking the mixture, but the bowels are

still constipated. Prescribed pil. rhei comp., two at night, and continue the mixture should headache return.

February 16th, 1875. I am told by a daughter that Charlotte did not menstruate until last week, and that she feels very well. This patient was, till emancipated, in 1863, a house servant, who had not passed out of the family in which she grew up from a child. Exposure and indifferent management have conspired to induce the condition above related. A constant recurrence of menstrual irregularities have induced cardiac symptoms, which now cause much distress. After the menopause her health may improve, but it is more than probable that she will continue to suffer from cardiac troubles, which at present are but reflex, and become a subject of serious thoracic disease.

There is reason to expect that cellulitis will result in cases where continuous pain is felt in the ovarian region, or nearer the uterine cervix. In the cases related there was, in two, a protracted fever, with a white coat upon the tongue, such as is common in all cases where constitutional disturbance exists. I had not, in case three, suspected the presence of an abscess, but considered the pain as ovarian and caused by menstrual irregularities.

PRACTICAL REMARKS ON THE SURGICAL ANATOMY OF THE PENIS.

Translated for the MEDICAL AND SURGICAL REPORTER, from Hyrtl's *Handbuch der Anatomie*,

BY J. C. M'MECHAN, M. D.,
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The loose adherence and mobility of the integumental covering of the penis allows it, in cases of large tumors in the pubic region, or in the neighborhood of the root of the penis (scrotal herniæ, œdema, sarco- and hydrocele) to be employed to such a distance from the root of that organ, as covering for these tumors, that the apparent length of the penis decreases as its integument is called in play for the covering of the tumor, and in the highest state of development of such a tumor, that only a drawn-in, folded, navel-like and—through the urine, frequently excoriated—deepening cicatrix indicates the point where the orificium cutaneum urethræ of the vanished penis lies.

The mobility of the integument of the penis must, further, be well taken into consideration in the amputation of that organ. Has the penis been too much drawn upon by the operator, and must the amputation be made near the root of the penis, it may happen that the integument drawn forward from the pubic region may return after the amputation to its former position, through which a circular wound in the integument originates, whose diameter is much greater than the periphery of the penis, and whose edges, being so wide apart, cannot be used for covering the stump of the penis. The opposite fault originates by removing too little of the integument, when amputating the penis near the glans. A folding-in of the projecting integument forms a pocket, in which urine and pus assemble, and its subsequent removal may become necessary.

Phimosis and Paraphimosis.

The prepuce of a newly-born child has a very narrow opening, and cannot be easily drawn back from the glans. Continuance of this formation causes congenital phimosis, which, if it be accompanied at the same time by an unusually long prepuce, allows the urine to flow between the prepuce and the glans, to remain in that place a long time, and thus cause the formation of a sediment, the so-called præputial calculus. Richet found thirty-two of them in one person. They consist of uric acid.

In congenital phimosis the anterior free circular border of the prepuce is always the impediment to its reduction. Congenital phimosis does not permit of coitus, and Louis XVI, after many years of married life and sexual abstinence, had to submit to a surgical operation, in order to be placed in a condition for fulfilling his marital duties. Acquired phimosis often makes its appearance as an accompaniment of ulceration of the glans and of the prepuce. Has the phimosed prepuce been perforated by an ulcer? the glans can peep through this newly made opening. If one cannot succeed in reducing such a phimosis, the slitting of the prepuce and the removal of the side flaps will be indicated.

Constriction of the prepuce behind the glans is called paraphimosis (Spanish collar). This derangement, with the strangulation of the glans accompanying it, renders it a more important derangement than phimosis, and it demands a prompt interference of art. Indeed, in paraphimosis of a lighter grade, the portion of the prepuce in front of the point of constriction

becomes so œdematous, that it is often impossible to return the prepuce to its proper position even after the constriction is relieved.

Blennorrhœa, Plugging of the Sebaceous Glands.

Copious secretion and decomposition of the smegma præputii causes the so-called blennorrhœa which excoriates the epithelium of the internal layer of the prepuce and the covering of the glans, and causes superficial ulcers which often (like the innocent herpes præputialis) have been taken for syphilitic ulcers, and been treated with a full course of mercurials.

With a *loupe* on the naked eye, one finds on the crown of the glans, particularly in individuals who secrete profusely the smegma præputialis, white papillary-like excrescences, of innocent origin, which should not be confounded with filiform condylomata.

The sebaceous glands of the prepuce in the two grooves at the sides of the frenum are larger than anywhere else. I have seen their sacs in the living, as well as in the cadaver, distended to the size of a pea by the plugging of sebaceous secretion.

Precaution in Circumcision.

As the internal layer of the prepuce only reaches to a point just behind the corona glandis, whilst the external layer, on the contrary, extends uninterruptedly into the movable integument of the penis. during forcible extension of the prepuce by drawing on the same, as during its intended removal on account of phimosis, the external integument alone yielding to the extending force, rolls up at the border of the prepuce in the internal lamella, the lengthening of the prepuce occurring, therefore, only through the external, but not at the same time through its internal layer. After a complete circumcision the mucous membrane will necessarily remain as long as before the operation; the success of the operation may thereby be frustrated, since the operator has only removed one fold of the external sound præputial layer.

The unlike spanning of both lamellæ of the prepuce causes an unlike retraction of the same after circumcision; the external lamella will retract more than the internal, whereby the cut surface enlarges, and the usual occurring growths of interstitial tissue, or an irritable and lingering ulceration, may cause the healing process to be extremely tedious. It is, therefore, customary, in order to avoid this accident, causing a procrastination of the healing process, to introduce a suture after the cutting of the prepuce.

Wounds of the Penis—Consequences of Disturbed Circulation—Serio-Comic Case.

The great number of blood-vessels in the corpora cavernosa explains why woundings of the same are so dangerous. Buffon speaks of a clergyman, who, in order to prevent a possible transgression of his vow of chastity, performed an operation on himself, by which the holy Origen secured himself against the lusts of the flesh. The man almost lost his life through loss of blood, against which he knew no remedy. A shoemaker's apprentice, who, by means of this operation, wished to rid himself of his inclinations to onanism, died from loss of blood. There are cases of woundings of the penis known, however, where the whole organ was taken off, that were not followed by dangerous bleeding. For example, a farmer, whose sexual propensities (*mirabile dictu*) began to be inconvenient to his wife, amputated the whole penis and entire scrotum with a scythe. The bleeding was insignificant, and was stopped by a surgeon, who ligated the arteria spermatica, and dorsalis penis, whereupon the edges of the skin were joined together with sutures, and complete healing followed.*

The bleeding feared in amputation of the penis, probably led to the idea of taking it off by ligature, or with instruments heated to redness, which methods even at our day are not entirely out of date. The numerous blood-vessels of the corpora cavernosa also cause the swelling and the gangrene of the penis, occurring so rapidly in strangulation of the organ. A young man, who stuck his penis in a gold ring, and fell asleep with it there, lost his penis through mortification. A soldier lost his penis in a similar manner, by sticking it in the socket of a bayonet. In the first case, assistance might have been rendered, by amalgamating the ring with mercury. A boy tied a piece of twine so tightly around his penis, that the urethra and the corpora cavernosa were almost cut through, and gave rise to a urethral fistula. In after years he became affected with a syphilitic blennorrhœa, accompanied with a profuse flow from the fistula as well as from the orificium cutaneum urethræ. Under treatment with balsam copaiba, the flow from the fistula ceased after a

*Bayr. ärztl. Intelligenzblatt, 1857, Nr. 41.

few days, but the flow from the anterior portion of the penis continued with unabated severity, and did not cease until the patient was directed to inject his own urine into that portion of the urethra situated between the fistula and the normal opening of the urethra. This case shows that balsam copaiba only acts by impregnating the urine with its active principles.*

Dr. Shipman publishes, in the Boston *Medical and Surgical Journal*, 1849, the following original case: A young chemist who did not wish to take the trouble to go out of his room to urinate, helped himself to an empty bottle, which was near at hand, as recipient for the urine. The bottle had a very short neck, like the usual cork bottles, and an opening of about three-fourths of an inch. It was a pint bottle, and had been used for preserving potassium in naphtha. As the first drops of urine touched the bottle an explosion took place, which did not break the strong bottle, but in consequence of the vacuum, caused by the burning of the potassium, drew the penis into the bottle, where it became quickly swollen, and of a blue-black color, and owing to the constriction of the narrow neck of the bottle, mortification threatened to set in. The patient was in a terrible state of excitement, as he feared in pulling the bottle away he would lose his penis at the same time. Dr. Shipman, of course, broke the bottle with the back of a knife, whereupon everything was soon placed in order again. May the strangeness of the case excuse its relation.

Amputation of the Penis.

I have seen the amputation of the penis performed but once, and even this was unnecessary, as the supposed cancer of the penis proved, upon anatomical examination, to be a condylomatous growth on the prepuce which encircled the sound glans. Four arteries were ligated (two dorsals, two profundæ), several smaller ones were treated by torsion. True cancer of the penis is a rare phenomenon; Lisfranc, who often found it confined to the integument, thinks that the strong fibrous covering of the corpora cavernosa prevents its encroachment upon them. How does this agree with the repeatedly expressed assertion of the same surgeon, that the fibrous tissue is the most fertile tissue for the production of cancerous growths? Of chancre it is known that it does not usually eat into the corpora cavernosa. Has a stump of the pendent free portion of the penis been saved at the amputation, the excretion of the urine will not be impaired by the operation. However, has the entire pendent portion of the penis been removed by amputation, as is practiced on the eunuchs of the Orient, the stream of urine will take an upward direction, as the portion of the penis situated beneath the arch of the pubis has this direction, and a downward direction to the stream of urine can only be given by the use of canulæ, or small funnels, like those recommended by Paré at his time, when the amputation of the penis was performed much oftener than at present.

The Extensibility of the Ligamentum Suspensorium.

The implantation of the ligamentum suspensorium on the shaft of the penis indicates the point of juncture of the ascending portion of the penis with the pendent portion. The length and size of this ligament is subject to the greatest differences; Cruveilhier saw it extending up as far as the linea alba. Is this ligament broad and extensible, it allows the penis to be considerably lengthened by extension, whilst a part of the ascending portion (the root) extends into the pendent portion of the penis; since upon application of such an extending force to the organ, its ascending and pendent portions come to lie more in a straight line, this will also be the case with the urethra, situated at its inferior periphery. The extension of the penis is therefore necessary for the introduction of a straight instrument into the urinary bladder. Can the curve of the urethra not be easily brought into proper position for the introduction of the catheter, rendering catheterism difficult or impossible, on account of the shortness or stiffness of this ligament, the subcutaneous tenotomy of the ligament might straighten it somewhat. The proposition is not to be rejected *a priori*, although the proofs of the real occurrence of this anomaly in the ligament are not known to me.

The Division of the Frenum.

The division of the frenum is made in undermining of the same by ulceration, and in its congenital malformation, where it extends to the orifice of the urethra and causes the uncovering of the glans to be painful. The practice of this simple operation might also be useful in another case, in reference to which I shall only make a conjecture. As is known,

*Oates, in London Med. Gaz., 1845, Aug.

childlessness is often a consequence of too great a disproportion in the sensitiveness of the genitalia of the man and wife. If the ejaculation of the semen take place before that grade of excitation in the female genitals is reached which is necessary for the reception of the masculine generative substance, the coitus is fruitless. Now as the *frenulum glandis* is the most sensitive part of the penis, and its friction becoming in very sensitive persons the culminating point of the feeling of delight which in a man causes an ejaculation of semen, it may cause it to occur entirely too soon. In this case the removal of the frenum would have the desired effect, like the responsum medicum given by Van Swieten, through which the marriage of a distinguished lady was blessed with twelve children (Ego vero censeo, vulvam S. C. M., ante-coitum diutius et pertinacius a conjuge esse titillandam).

Priapismus.

Involuntary, long continued* and painful erection of the penis is called priapismus, and is so severe sometimes that the use of surgical instruments for its relief are indicated. It is mostly the result of the excessive use of cantharides, used as an aphrodisiac (diabolini). Is the priapism accompanied by an *insatiable coëundi desiderium*, this most distressful condition is that called satyriasis. For priapismus pertinax Velpeau perforated the root of the penis, from one side to the other, with a fine explorative trocar. The pain was very severe, but the effect immediately apparent, although the loss of blood was not important. In a similar case I would bleed the patient from the vena dorsalis penis.

Lupulin has been extolled as a remedy for this ailment, in which fact lies a little consolation for beer drinkers. In monasteries the aroma of ruta graveolens has been praised as an antidote to a sinful stiffness of the penis, on which account it is very much cultivated in monastery gardens, and used for the making of vinum rutæ. Camphor should also have a like sedative action, if the old saying, "Camphora per nares, castrat odore mares," is true. I have heard persons belonging to the laity calling the erection of the penis occurring in the morning "water stiffness."

* Last April, in Professor Dittel's ward of the Allgemeines Krankenhaus, at Vienna, I saw a man affected with priapism, which had lasted eight weeks, and at the time I saw him he was getting no better.—*Translator.*

The So-called Fracture of the Penis.

Vigorous erection gives to the penis the hardness of a horn. In this condition it can be broken, by the application of mechanical force, or if the expression is preferable, it can be bent in such a manner that tearing of one or both of the corpora cavernosa occurs. Of cases belonging under this head, I shall only quote a few:—

A young man, on the night of his marriage, attempted copulation in such a violent manner that, owing to this, and to the unusual smallness of his wife's genitalia, the attempted introduction of the penis led to a fracture of the organ, which occurred half an inch from the root of the penis, and made it useless for the future, since after healing only the half inch long piece at the root of the penis would become erect, the rest remaining flaccid.*

Another young man, who awakened with an erection, and as he quickly dressed himself, shoved the stiffened penis into his narrow pants, suffered the same accident; the separation of continuity confined itself to one corpus cavernosum, which broke in two with a distinctly heard crackling noise. There was enormous extravasation of blood into the scrotum, blue-black intumescence of the penis and bending of the organ toward the sound side.†

A third young man, in want of better employment for his penis, struck it with such force against the bed post that it broke with a crackling noise, or as the course of the case leads us to believe, suffered a partial tearing of its corpora cavernosa.

Huguier reported to the Surgical Society, at Paris, another case which comes under this head. It was the case of a man who, over-excited by cantharides, copulated cum impetu nimio. He suffered a complete rupture of the bulbus urethræ, and at the same time complete tearing of the urethra. The case ended fatally. At the post-mortem an interspace, two centimetres in length, was found between the ends of the torn urethræ.

—It is reported that the Italian government, following the course it has already adopted on previous occasions, will gratuitously distribute this year five thousand plants of the *Eucalyptus globulus*, for cultivation in the Agro Romano, especially in the spot infected by malaria. The plants will be allotted to all who apply for them, and who give assurances that they are to be used for the purposes stipulated.

* American Journal of Medical Sciences, 1849.

† Eve. A collection of remarkable cases. Philadelphia, 1857, page 375.

EDITORIAL DEPARTMENT.

PERISCOPE.

Differential Diagnosis Between Typhoid and Malarial Fevers.

The following comparative symptoms are given, in the *Peninsular Journal of Medicine*, by Dr. E. M. Hume:—

TYPHOID.		MALARIAL.
Decomposing animal and vegetable matter.	Cause.	Emanations from marshes, damp, low or new soil; always vegetable, never animal.
Old soil; may be high and dry and long settled.	Locality.	New land, moist, low and swampy.
Epidemic of typhoid fever.	Circumstantial Evidence.	Prevalence of malarial disease.
Seldom after 40.	Age.	All ages.
Continued without intermission or remission.	Periodicity.	There is either intermission or remission.
Lasts three or four weeks; cannot be interrupted.	Duration.	Can be interrupted and cured in a few days.
Great nervous disturbance and prostration; dull, heavy, throbbing, persistent frontal headache; twitching of muscles; tickling of throat; ringing in ears; deafness; mind stupid.	Nervous Implication.	None.
Asthenic, not wild.	Delirium.	Sthenic.
Frequent.	Epistaxis.	None.
Diffused bronchitis with tough, tenacious sputa.	Lungs.	Congested, when affected at all.
From 70 to 140 beats per minute, small, irregular, or double.	Pulse.	More frequently high, full and bounding.
Hot, even when moist; emits a peculiar, musty odor pathognomonic of this fever.	Skin.	Dry and hot, odor acid and swampy.
Indicates an increase of temperature from morning to evening of about 2 deg., and a decrease of 1 deg. from night to morning; commences first day 98.5 deg., reaches its maximum of 101 deg. on the morning of the fourth day; from this time the evening temperature ranges between 103 deg. and 104 deg., morning 1 deg. lower.	Thermometer.	Rises rapidly to 105 deg. or more first day or two, and falls suddenly; is not so uniform.
Protrudes tremblingly; is covered with a whitish yellow coat, which disappears and is replaced by a dry, pale brown one, with red glazed tip and edges; teeth covered with dark brown sordes.	Tongue.	Coated all over with a heavy, dark, yellow coat. No sordes.
Pale, livid, muddy; cheeks flushed.	Complexion.	Sallow; eyes yellow.
Foaming, light color, free from sediment; frequently contains albumen; has typhoid odor like body.	Urine.	Dark color, turbid, no albumen.
Diarrhœa, except in mildest cases; stools offensive, pea soup, bright yellow or brown; devoid of mucus, but sometimes contains a whitish flocculi.	Excretions from Bowels.	Bowels costive; dark, hard, dry, bilious stools.
Tympanitis occurs, giving tub shape to abdomen; pressure over cecum produces pain and gurgling sound; tenderness over spleen.	Abdomen—shape, etc.	No tympanitis or tenderness of abdomen.
Stomach not involved; no severe pain anywhere, except where peritonitis occurs.	Pain.	Gastric disturbance and vomiting of bile; pain in stomach and elsewhere very intense.
Occurs during second week; from 1 to 20 small rose-colored pimples, size of pin head, appear on abdomen, chest or back; do not extend to extremities; present a distinct elevation to the touch, disappearing upon pressure, but reappearing upon its removal; lasts about three days; fade away and a fresh crop appears. This eruption is claimed to be "peculiarly and absolutely diagnostic of typhoid fever." Later in the disease sudamina appear.	Eruption.	Eruptions of different kinds sometimes occur, but are so different in shape, feel, duration, number, extent and place, that they need never be mistaken for the typhoid eruption.
Great—averages one in five.	Mortality.	Very slight, not one fatal case in a hundred.
Inflammation and ulceration of Peyer's, solitary and Brunner's glands; perforation of bowels with peritonitis, and fatal hemorrhage; inflammation and enlargement of mesentery glands and the spleen (which sometimes burst); the brain, stomach, liver and lungs sometimes inflamed.	Lesions.	Hemorrhage from congestion of bowels rare; congestion of stomach, lungs, liver and spleen, the two latter sometimes become enlarged.

Lead Poisoning.

It has long been known that one of the fertile sources of chronic lead poisoning is the use of common glazed earthenware dishes for the preservation or cooking of food, especially acid fruits. The glazing of such vessels contains lead, which can be dissolved out by acids. M. Constantin, a chemist in Brest (*Journal de Chimie Médicale*, October, 1874), has invented a new glazing which contains no lead, and should be subsituted for the lead glazings.

In a late brochure, Dr. Manouvriez reports thirty cases of chronic lead poisoning, from the study of which he draws the following conclusions.

1. In addition to general and indirect poisoning by digestive and pulmonary absorption, there exists a local and direct intoxication by cutaneous absorption, affecting the parts in immediate contact with the lead.

2. This local intoxication manifests itself by neuralgic pains, both articular and muscular, by cramps, trembling, tingling sensations, sensory and motor paralysis, and atrophy.

3. This local affection, which in most cases co-exists with the general affection, can, nevertheless, in certain cases, exist alone.

4. These local symptoms can advantageously be combated by local external treatment, and prevented by hygienic precautions which keep the skin from contact with the lead preparation.

5. The greatest caution is necessary in the employment of medicinal preparations containing lead local applications to the skin.

Of the thirty cases reported, eight handled lead in the metallic form, as plumbers and type-

setters, and twenty-two handled it in the form of white lead and minium. Three of the patients presented no symptoms of the general affection, no colic, no constipation, and no blue lines upon the gums.

In painters the local symptoms predominated upon the forearm, affecting preferably the right side in those who were right-handed, and the left in those who were left-handed.

Treatment of Cold.

The editor of the *Archives of Electrology and Neurology*, in the number for March, 1874, says:—

We have long been in the habit of using what we call a "cold powder," which we have found of great value in breaking up colds when taken in time, and in modifying their force when taken late. The prescription is as follows:—Dissolve five parts of camphor, in ether, to the consistence of cream: then add carbonate of ammonia, four parts; opium-powder, one part. Mix and keep in a tightly corked bottle. The dose is regulated by the opium, and ranges between three and ten or fifteen grains. We have been accustomed to prescribe it for our friends by the finger-nail full, or as much as one can put on a finger-nail. This powder may be taken in a little water just before retiring, by preference, or at any hour of the day, whenever there is a suspicion of having caught cold. If need be, a moderate dose may be taken several days in succession.

The advantages of this powder are very great. 1. The taste is agreeable, or at least it is not disagreeable. Even the bitterness of the opium is mostly neutralized by the camphor and ammonia. No child objects to this powder. 2. It is singularly and inexplicably efficacious. We believe it to be more efficient than Dover's powder, and incomparably more agreeable. In some cases it produces a gentle perspiration; in others, this especial effect is not observed. It is so easy to take, and so harmless in small doses, that it is well and safe to take it whenever we become badly chilled. We first called attention to this cold powder in 1869. From various sources, lay and medical, we hear that it accomplishes all that is here asserted, and we therefore earnestly recommend it to the profession.

Mediterranean Health Resorts.

Dr. Marcet, in an article in the *British Medical Journal*, says, speaking of the Mediterranean coast of the South of France:—

I do not mean to state that phthisis is not fatal in winter in elevated regions near the Mediterranean coast; but it is certainly less so than in England or on the Mediterranean seaside. In the following case, life was certainly prolonged from a residence on the hills. This lady, aged 40, had been ill for six years. She was in a very low state of health when I first saw her at Nice, on December 4th, 1872; her lungs exhibiting a state of consolidation, with cavities on both sides. I advised her to move up to Cimiès. There the pure light air of the hills revived the patient; she improved to some extent, and recovered her spirits, naturally buoyant and cheerful. The winter proved much less trying to her than might have been anticipated; she went out for daily walks in the garden of the hotel without suffering any pain, and hardly conscious that her life could not last much longer. After a time, a Bath chair had to be sent for; then she took to her bed, and in April sank peacefully. No doubt, in this case a residence on the hills preserved life throughout the winter, and succeeded in mitigating pain and mental distress to a considerable extent.

Thus it is that a pure air, possessed of a genial warmth, with a comparatively low barometrical pressure, are beneficial, as a rule, to all cases of phthisis with a high temperature and a quick pulse. Occasionally, these symptoms are arrested; in most instances, they are relieved; and, where a fatal termination cannot be averted, life is either prolonged, or, at all events, carried on under the most favorable circumstances.

Some consumptive patients, however, do well at the seaside. The main character of these cases is the absence of febrile symptoms; they enjoy a fair state of health, although with deficient breathing power. All the other functions are equally weakened, although normal in other respects, thereby re-establishing the balance of energy which should exist between them. I am inclined to believe that the most suitable resort for this kind of cases is some warm sheltered spot on the Mediterranean coast. These invalids live a comfortable, painless existence, taking a moderate amount of exercise on the level ground, but unequal to any active exertion.

Micrococci in Erysipelas.

Wladimir Lukowsky, in a paper communicated to *Virchow's Archiv*, quoted in the *Practitioner*, gives the result of a series of observations he has made in Von Recklinghausen's Institute. Some of them were histological, others were of a pathological nature. The bodies of nine patients who had died from erysipelas were examined. In those cases in which the erysipelatous process was recent, or still in progress, micrococci were found in great abundance in the lymphatics and serous vessels. But when the process was retrogressive, or even when the disease was arrested, no micrococci were met with, even though the signs of acute inflammation were present. In one case, however, he found them in the subcutaneous connective tissue. Severe phlegmonous inflammation of the skin could be produced by the subcutaneous injection of fluid containing micrococci, which, however, differed in some points from erysipelas; but if a wound were painted over with the fluid, the

inflammatory process set up was indistinguishable from erysipelas, pursuing the same wandering course, and terminating in the same manner.

Adherent Prepuce and Paralysis.

At a recent society meeting, in New York, Dr. Sayre referred to a paper he had read to the American Medical Association, in 1870, on "Reflex Paralysis, caused by Congenital Phimosis and Adherent Prepuce." Mr. Barwell, of London, and Dr. Pitcher, of Detroit, and others, had written to him afterward, confirming his observations and views, and mentioning cases of like kind they had seen, but the nature of which had, previous to Dr. Sayre's paper, been obscure. So many similar cases had since then come under his notice, that he desired to bring the subject again before the profession, as he was satisfied that there were many grave affections of the nervous system attributable to this cause, and whose real nature was not suspected. He had no theory about the pathology of the disease to offer. He hoped some light would be thrown on that point by gentlemen this evening. It had seemed to him that in many cases there was an anæmic condition of the spinal cord, as some patients, when in the erect position, lose all muscular power, and even the power of speech, and yet when placed on their backs recover both.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——A Valedictory Address, marked by his characteristic *verve* and power of expression, was delivered by Professor S. D. Gross at the Commencement of the Jefferson Medical College. His subject was "The Glory and the Hardships of the Medical Life." Those of our readers who desire to peruse it, can obtain it from Mr. P. Madeira, 115 South Tenth street, Philadelphia.

The Introductory, at the same College, by Professor Wm. H. Pancoast, is also published by Mr. Madeira. Its subject is a Sketch of the Progress of Anatomical Science, and it merits careful reading.

——The third of the Series of American Clinical Lectures, published by G. P. Putnam's Sons, is on Pneumothorax, by Prof. Austin Flint, Sr. It is a thorough exposition of the subject, so far as it relates to pneumothorax, resulting from pulmonary aperture. Price 40 cents.

——The latest installments of the Half-Hour Recreations in Popular Science, published at Boston, by Estes & Lauriat (price 25 cents each), are the Glacial Epoch of our Globe, by Alexander Braun, and the Population of an Apple Tree, by A. S. Packard, Jr. For sale by Claxton, Remsen & Haffelfinger, Philadelphia.

——Dr. George E. Sherman, Health Officer to the City of Oakland, Cal., has made an official report on the health of that city for 1873 and '74. The population is estimated at 20,000; the deaths in the two years were 480; of these he calls attention to the fact that out of 56 who died of consumption, but one was born in Oakland. This would have more weight if Oakland had not been built only within the last score of years.

BOOK NOTICES.

Transactions of the State Medical Society of Virginia for 1874. Richmond, 1875.

This society was reorganized in 1870, in the city of Richmond. At present it numbers three hundred and seventy members. The profession in Lynchburg, Richmond, Staunton and Abingdon have contributed largely to sustain this society since the general depression consequent upon the late war has been so severely felt in Virginia. Through its labors the State Board of Health has been organized and the Virginia *Medical Monthly* published. There are three flourishing medical colleges in the State, viz, that at the University of Virginia, Hampden, Sidney and Richmond Medical Colleges.

A. G. Tibault, M. D., President, delivered the annual address on the "Mission of the Physician." He claimed that Medicine has at all times kept in advance of the culture of the age. About the period of the American Revolution culminated that brilliant galaxy of physicians and scientists that have marshaled the dawn of the present day. In emulation of those eminent men, a host of learned physicians, at home and abroad, extend their research in every possible avenue, and every day adds to the stock of medical information. The labors of physicians are not confined to the proud places of earth. No toils, no dangers restrain them in the calls of duty, alike in the filthy habitations of penury as in the pampered abodes of wealth.

The address to the "Public and Profession," by M. P. Christian, M.D., was on the "Objects and Aims of Medicine." In this we are informed that there are seventy thousand medical

men in the United States, whose special mission is to soothe the bed of sickness, to mitigate the anguish resulting from accident or disease, to relieve the aching brow and calm the throbbing pulse. No one can deny the heroism displayed by physicians during the pestilence of yellow fever at Memphis and Shreveport. There was then no faltering or cowardly flight from the scene of death.

Among the valuable papers contributed by various members, the first is by W. C. Dabney, M. D., on the "Development of Connective Tissue." Second, "The Use of Davidson's Syringe as an Aspirator," by I. St. P. Gibson, M. D. Third, "A Case of Spontaneous Expulsion of an Ovarian Cyst," by W. L. Dunn, M. D. Fourth, "Relation of so-called Ague Plant to Malarial Fever," by W. D. Hooper, M. D. Fifth, "Typhoid Fever, Hints as to its Pathology and Treatment," by S. W. Jackson, M. D., of Norfolk, Va. In this article the author displays an accurate knowledge of the symptoms and pathology of this disease, which has been very prevalent in Virginia since 1815, especially in the country. Dr. Jackson says, "in this fever the process of digestion, assimilation and nutrition are deranged and the whole system suffers from inanition. We are told that the treatment should be 'expectant.' I never lost a day in the treatment of it without cause of regret. I know of no affection that requires a more energetic and persistent treatment. The clearest indication is to supply what food has failed to furnish, viz, nitrogen, an essential element in several of the secretions upon which the vital processes depend. Ammonia is rich in this element, and this salt is adapted to every stage of this disease. The following prescription is recommended:—

"℞. Ammon. nitratis, ʒij
Spts. ætheris nitrosi, ℥ss
Aquæ, q. s. ut fit. ʒij. M.

"Sig.—Teaspoonful ever second hour when awake.

"If diarrhœa exists, I use liquor ammoniæ acetatis, ʒj, every second hour, and plumbi acetas, grs. ij, with pulv. opii, grs. ss., after each discharge. If meteorism supervene I combine gum camphor with the above astringent, or small doses of ol. terebinth, alternated with spts. mindererus. If nervous symptoms occur, approaching delirium, a valuable combination will be found in potassæ chloras, with ammon. carbonas. With regard to coma, it occurs less frequently in cases treated by the ammoniacal or nitrogenous plan. If used quite early, the second or fifth day, the symptoms yield, on the seventh." Dr. Jackson concludes, "I cannot too urgently insist upon the value of the thermometer in this fever, the pulse being entirely unreliable as a test of the progress or decline of the symptoms." Sixth, "Modern Science and Art of Electro-Therapeutics," by J. B. McCaw, M. D., Professor of Practice of Medicine, in Richmond Medical College, of Virginia, was a production of exceeding interest. The author said that "electrical force lies at the bottom of all chemical affinity. Electricity is the great force, alike in the organic and inorganic world. It is the great stimulant of vegetable life, but the animal organism is preëminently under electrical influence. In man this influence is very marked. The nervous centres are but so many electrical batteries, and the nerves but so many conducting wires, while the brain serves as the registering organ. Every tissue, except the skin and bones, is under the control of animal electricity. Changes in temperature are changes in the electrical force. At night terrestrial electricity is least; the nervous forces are at their lowest, and hence more patients die between midnight and daybreak than at any other time. Because, also, of the greater relaxation of muscular tissue, induced by the lessened electrical forces within these hours, we find that childbirths more frequently occur about this time."

Dr. H. M. Grant, in the course of the discussion of the value of anæsthetics, said that they affect first the cerebrum; second, the cerebellum and pons variolii; and third, the medulla oblongata, and thus the roots of the nine pairs of cerebro-spinal nerve are affected in the order of their numbering. The appearance of the face should be the index of the extent of the anæsthesia; because the first seven of the nine pairs of cerebro-spinal nerves have branches distributed to it. The muscles of the face relax, and expression is lost according to the extent of the anæsthesia, and this is as far as it should be carried, as it will allow of operation upon any part of the body without pain. To carry it further, would be to paralyze the eighth pair, or pneumogastric, and thus affect respiration. The subject for discussion at the next annual meeting, in Richmond, will be "*Mechanical Supports for the Uterus.*"

F. Horner, Jr., M. D.

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FANATICISM IN ANÆSTHETICS.

Every one remembers the advice with which Prince Talleyrand wound up his instructions to an envoy about proceeding on an important mission—*Et surtout, pas de zêle.*

There is, just now, room to recommend this maxim to the medical profession in regard to the crusade against chloroform, which was so zealously inaugurated by our New England brethren some few years ago. The members of the dental specialty seem to be particularly warm in the contest, to judge from some of the actions taken at late meetings.

The Massachusetts Dental Society has passed resolutions emphatically condemning the use of chloroform as an anæsthetic, and declaring any member administering it liable to expulsion.

At the last meeting of the Iowa State Dental Society were presented the following preambles and resolutions:—

"*Whereas*, the frequency of death caused by the use of chloroform as an anæsthetic is justly exciting apprehension and alarm in the people; and

"*Whereas*, after protracted years in its use, no security against its deadly tendency, either in the mode of its administration or selection of subject, has been developed; and

"*Whereas*, no truly respectable profession should ignore the value of moral rectitude in practice, should with impunity hazard the lives of its patrons, or heedlessly disregard the intelligent warnings of statistical record; therefore

"*Resolved*, That we, the members of the Iowa State Dental Society, condemn the use of chloroform for the purpose of general anæsthesia, and will refrain from so using it in our practice. And, moreover, we will use our influence to favor its entire expulsion as an anæsthetic agent."

This resolution was tabled, but will probably be passed at the Society's next meeting.

This winter, in that State (Iowa), an action was brought by the estate of J. W. Lawrence, of Floyd county, against a dentist, Dr. C. C. Birney, for using chloroform in a dental operation, and producing a narcosis from which the patient never recovered. The jury, influenced by the testimony of experts (?) called by the prosecution, cast the defendant in exemplary damages for employing chloroform, to the tune of *seventeen hundred and fifty dollars*.

This absurd and outrageous verdict shows how intemperately sides are taken on this subject by scientific men.

In point of fact, there is no doubt but that most of the deaths from chloroform result from neglect of proper precautions in its administration. It is well known that Professor Gross employs it freely, and in his hands it is safe. But why? The reason is well put by Dr. Allis, of this city, in a recent letter to the London *Medical Press and Circular*. He says: "Many a surgeon, as a compliment to the physician who has invited him to operate, will give the latter the honorable and important office of chloroformist. Not so with Professor Gross. He keeps his own special chloroformist, and often takes him long distances, as he will not expose a patient to so great a danger as might

ensue from so potent an agent in inexperienced hands."

Then, too, there is discrimination necessary in administering it to patients. We have witnessed three deaths on the operating table from chloroform. In each the patient was exsanguine, and in one greatly debilitated from malarial disease. In old persons, and in those suffering from organic disease of the circulatory organs, it is not well borne. But, on the other hand, Dr. BERGERON asserts that in children chloroform is endowed with an almost absolute innocuity. This is due to the functional condition of the child, and principally to the fact that it has not yet attained the age of reason, is sensible of no moral emotion, entertains no apprehension of dangers to which it may be exposed, and thus is shielded from the apnœa which great terror and deep emotion induce, and which is the most important cause of the deaths which suddenly occur during the administration of chloroform. Therefore, it may be administered to infants from the earliest days after their birth. It should be given to prevent the pain consequent on surgical intervention, and wherever there is reason to fear sudden movements or muscular contractions which might prevent the surgeon from properly conducting an operation or from making a complete diagnosis.

That it has numerous advantages in its prompter effect, its more portable form, its certainty, the shorter stage of excitement, etc., cannot be denied.

NOTES AND COMMENTS.

Recent Therapeutic Remedies.

Mr. W. Haldsel Griffiths exhibited to the Surgical Society of Ireland a collection of specimens of certain recent remedies, and described, succinctly, the characters, properties, and uses of each of the drugs exhibited. The specimens shown comprised, 1. *Goa powder*, the Indian remedy for ringworm, recommended by Dr. Fayrer. 2. *Cundurango bark*, the vaunted specific for cancer, but which on trial had proved a failure. 3. *Guarana*, obtained from the Brazilian plant, *Paulinia Sorbilis;* so often found useful in sick headache, and also strongly recommended by Mr. E. Rawson, of Carlow, in cases of lumbago and rheumatic affections of muscular and fibrous structures. 4. *Rhamnus frangula*, a decoction of the bark of which was stated to be an agreeable aperient. 5. *Jaborandi*, the new sialogogue and diaphoretic. Mr. Griffiths had personally experimented with this drug, taking an infusion made with forty grains of the leaves, and had experienced to a marked degree the diaphoretic effects ascribed to the drug. 6. *Boldo*, lately introduced as a tonic. The leaves of this plant, a native of South America, are studded on their surface with large glands, which furnish the active principle of the drug. 7. *Eucalyptus globulus*, recommended also as a tonic, febrifuge and anti-periodic, the leaves of the plant being the officinal part.

The "Tractile Method" in Hernia.

At a recent meeting of the Société de Chirurgie of Paris, the President, M. Perrin, communicated the particulars of a case of strangulated inguino-scrotal hernia which had been reduced by this method. Taxis, under chloroform, had been tried without success by M. Gosselin, and that distinguished surgeon was about to operate, when M. Perrin proposed that it should be tried. Accordingly, forty-six hours after the strangulation had occurred, a hospital attendant took the patient up by his legs, and placing them over his (the attendant's) shoulders, raised him up so that the patient's head and shoulders rested upon the bed. In this position M. Perrin practiced the taxis, and the hernia was soon reduced to half its former size. The patient was replaced upon his bed, and the reduction was completed in the horizontal position.

Boracic Acid.

At a recent meeting of the Chemical Society, Mr. Howard said boracic acid destroyed vegetable growth—grass, for instance—with a vigor and permanence which, if it were a fertilizer, would render it invaluable.

Mr. A. Smee, Jr., had found that, if one part of a 10 per cent. solution of boracic acid were added to eight of milk, it would keep it sweet for a week.

Dr. J. Edmunds, in a complicated case of amputation of the thigh, had employed dress-

ing of lint, steeped in a hot saturated solution of boracic acid, with most satisfactory results in preventing putrefactive discharge. The bandage could remain for thirty-six or forty-eight hours without the slightest putrefactive odor.

The Importance of Vital Statistics.

Dr. M. B. Leonard makes the following remarks, which apply with as much force to every other city as to Boston:—

"To make Boston a large and prosperous city, it must be made a healthy city; to make it healthy, the causes of disease must be found and removed; to find the causes, we must be guided to our conclusions by facts, and not by theories, or opinions, or the wishes of interested parties; and to obtain facts, the city should be divided into permanent health districts, and accurate statistics of population and mortality should be tabulated every five years, when the taking of the census would make it possible to form accurate conclusions."

Correspondence.

FOREIGN.

A Correction.

Vienna, Austria, March 1st, 1875.

Ed. Med. and Surg. Reporter:—

For the sake of the Medical school in this city, we would like to correct a statement which we read in the editorial of your journal, for Jan. 23d, 1875. "The disturbances at the medical schools of Paris, Vienna and St. Petersburg have reflected discredit on the medical students of those centres, and will undoubtedly result in injury to those universities." Of the first and last named places we know nothing more than what we have heard. But at this place, from the 15th of October, the commencement of this semester, up to the present time, there has not been a disturbance of any kind whatever.

We have been present throughout the entire time, and consequently daily among the students, and have not detected the slightest irregularity nor heard the faintest murmur of an interruption of any sort; on the contrary, the semester now about ending has been one of the most successful, and the class as large as any within the past five years.

By inserting this letter, when you have an opportunity, you will correct a universal mistake, and confer a favor upon the Americans who are studying here. Yours very respectfully, C. S. T.

[We are pleased to make the correction. The alleged fact was taken from the London *Medical Times and Gazette*. Ed. Reporter.]

DOMESTIC.

Hypodermic Medication.

Ed. Med. and Surg. Reporter:—

In the September number of the New York *Medical Journal*, is a captiously critical article, by Dr. Stephen Rogers, on the above subject, having a *special* reference, however, to *quinine* solutions, so administered, but in which the writer, towards the close, abandoning the main line of assault, goes off in what we consider a most unwarrantable attack on subcutaneous medication in general.

The principal target for his professional firing seems to have been an instructive article by Dr. Lente, in the March number of the same journal, on "Hypodermic Injections of Quinine in Intermittent Fever," and which appears to have convinced Dr. R. that danger still confronts the profession, and, on account thereof, he deems, it his bounden duty to raise the voice of protest and appeal.

Condemnatory of quinine hypodermically, Dr. Rogers claims to sermonize from no new text. For a quarter score of years he has, at times, borne testimony to the pernicious effects of such medication, and, from a paragraph in his recent communication, "the rusty and neglected hypodermic syringes formerly so actively employed by the expert hands of our professional acquaintances," we are warranted in inferring that his good offices in this direction have not fallen on the hither side of the object intended.

It is not the purport of this article to combat the assertions of this reviewer as regards the subcutaneous use of quinine, be the solvent what it may, although it would be far from difficult to quote numerous authorities who have given the most emphatic testimony in its favor. We desire, the rather, to enter an opinion strongly at variance with the closing statements of Dr. Rogers' paper, in the which he says: "Few of the fashions, however, from the days of Sangrado's bleeding and hot water, have been carried to more ridiculous and destructive extremes, than this wild fashion of medicating mankind under the skin. Fatal results, strictly attributable to this method, have frequently occurred since the commencement of the fashion, and bare escapes from this calamity in still greater numbers. These consequences, not to allude to abscesses, obstinate ulcers, and chronic and disabling indurations, have induced misguided but prudent physicians, in great numbers, to abandon this mode, and lay aside their syringes. They see that disease can be treated quite as successfully, and at less risk of doing irreparable harm, without it, though they have occasion to deplore the loss of the *eclat* which the flourish of instruments and the production of pain were wont to bring them. While this is true of many, unfortunately for humanity, there are still too many practitioners who are pursuing this method with all the ardor of a new idea."

Now, with no lack of respect for the author

of the above quotation, we must certainly think he is putting his case too strongly, and beg leave to dissent *very thoroughly* from the opinion advanced and maintained. It is entirely *too sweeping*, and we question whether, in the full light of clinical experience, it would bear the scrutiny of careful investigation.

It is not ours to deny that unpleasant and unfortunate results have been charged, not unjustly, it may be, to the use of the hypodermic syringe: but does it follow therefrom that the *whole* system of hypodermic medication is to be denounced and discarded? Must the subcutaneous administration of medicines, in its entirety, be abrogated, because some overzealous disciples of Wood see fit to carry their pet project to an unwarrantable extreme? By no means. As well expunge chloroform or ether from the pharmacopœia, for it is an undeniable fact that deaths by the dozen have resulted from the administration of these invaluable agents, and that, too, at times, in the hands of professional men, careful and competent. We once saw, in the amphitheatre of Bellevue hospital, a hale and hearty Irish woman, on whom the Talicotian operation had been performed, by Prof. Frank H. Hamilton, gasp and die almost immediately, despite the most strenuous averting efforts, on the administration of chloroform, which was resorted to after a previous trial of ether, to which the patient was found unyielding: this, too, under the supervision of a surgeon proverbially careful in his administration of anæsthetics, and whose numerous classes can bear abundant testimony to the stress he was wont to lay on the cautious giving of these powerful pain preventives. But was this unfortunate result the means of placing chloroform on the index expurgatories of that institution? Most assuredly not. Carry out such a law to its ultimatum, and we would speedily find our stock in trade reduced to its minimum.

Attributable to the hypodermic method, Dr. Rogers says: "These consequences—fatal results and bare escapes—not to allude to abscesses, obstinate ulcers, and chronic and disabling indurations, have induced misguided but prudent physicians, in great numbers, to abandon this mode." It must be admitted that this is rather a formidable array of objectionable sequela; but is the testimony of the profession at large *pro* or *con* on this point? Speaking individually, we must answer *most emphatically* in the *negative*, and our experience has not been a very limited one. For years we have employed the hypodermic syringe, and so highly do we prize it, that we deem it one of the most valuable weapons in our professional armamentarium, and do not consider ourself "armed and equipped as the law directs" without it.

Notwithstanding all this, we distinctly disclaim that degree of "infatuation which makes it positively hazardous for a person with a pain or an ache to be near us." It not at all follows that our exalted opinion of this mode of medication makes us proceed to puncture every ailing one about us, as if we were a sort of perambulating apiary.

The sum total of resultant "casualties" has been two small, circumscribed abscesses of the forearm. And these occurred during the past two months, in the same patient. A male of unusually fine physique, and in whom they occasioned no more discomfort than an ordinary phlegmon, and not at all comparable to the torture, hepatic colic, which a single injection of morphia, large, it is true, one grain, speedily sufficed to relieve.

We have cognizance of another case, somewhat notorious, in which the subject had succumbed to an opium habit, morphia hypodermically, and who, during nearly seven years' servitude, gave himself several thousand injections, with nothing more resulting locally than a number of limited inflammations, none of which proved formidable.

Eulenberg, with an experience of many thousand cases, noticed *three times only* inflammation of the punctured spot, all due to the irritant nature of the fluid injected.

We will admit that our fortunate exemption may have been due to the non-irritating qualities of the liquid inserted; and yet, in the two cases mentioned, the injected material was simply an aqueous solution of morphia and atropia.

The medicinal agents we have employed are morphia, atropia, strychnia, quinia and chloroform. As a solvent for the first two, water; with the third, the same, adding a sufficient quantity of acetic acid to make a clear solution; with the quinine, acid, sulph. dil., quant. suff., to form a neutral solution, freshly made; and the chloroform was employed pure. Of all these, the solutions first named would seem to be the ones least likely to irritate, and yet, quite to the contrary, they gave rise to some inflammation. Not the slightest ill effect followed the quinia or strychnia, and the chloroform, while it acted anæsthetically on the part injected, gave rise to nothing like an abscess. Less frequent than the others, by far, has been the application of the last-mentioned remedy in the field of subcutaneous therapeutics. Indeed, foreign observers having experimented, condemned it for hypodermic purposes, deeming it ineligible on account of its actively irritant local effects, and it remained for Professor Bartholow, of Cincinnati, to bring it forward, a year ago, with astonishing success, in the treatment of tic-douloureux. Three cases, in which this disorder existed in an aggravated degree, were completely cured; and his statements were verified, and the result fully confirmed, by the report of a case which we gave in the New York *Medical Record*, May, 1, 1874, in which a single injection was sufficient to control a most atrocious attack of this agonizing disease. These four cases are the only ones on record, to our knowledge, of chloroform thus employed. It remains to be seen whether the same degree of success will attend its further use, or if, from an inappropriate application, it will fail of

yielding results as eminently satisfactory as have attended its employment in trifacial neuralgia.

Dr. Rogers further says, speaking of those "misguided but prudent" practitioners who have abandoned hypodermic medication: "They see that disease can be treated quite as successfully without it. To this we must again withhold assent. It may be the experience of those to whom Dr. Rogers alludes, but we do not think it such of the great body of the profession. Speaking personally, we know we have accomplished with the hypodermic syringe what we never did without it, and what we think we never shall until some mode of medication superior even to this is presented to the fraternity.

Take, for instance, the case of biliary calculi, to which we have alluded. Several times that patient has been in our hands for treatment, and we have demonstrated to our entire satisfaction that the opiate treatment, which is accredited the most effectual, per orem, will not bring to this man the relief obtainable by the subcutaneous injection of morphine. Nor is this an exceptional example. Cases of neuralgia, myalgia, sporadic cholera and intestinal colic have given way more speedily to hypodermic medication than any other form of treatment we ever employed. In the first mentioned disease, we have seen cases, one of long standing, of the facial variety, cured in five minutes by a single injection of morphia, followed by a blister to the nucha. We say cured, in the full sense of the term, the pain departing and failing to return. We challenge a similar result from any form of opiate, time and amount the same, *per via nat.*

Take the case in which the injection of chloroform was followed by such a remarkable effect. Is it at all probable that its administration in any other manner would have achieved a like success? We think not.

Again, it is an indisputable fact that there are those in whom, owing to some idiosyncrasy, opium in any form—the camph. tinct. sometimes excepted—cannot be tolerated, and here the injection of morphia, subcutaneously, in urgent cases, becomes a boon unobtainable in any other way. One notable example of this kind has fallen under our observation.

We repeat, then, our disbelief that diseases in which the hypodermic injection of morphia, or any of those other subcutaneous remedies which clinical experience has proven eligible, is not contra-indicated, can be treated as successfully without as with this method. Ultimately, in many instances, the same result may be reached, but by no means as speedily, and we hazard little in opining that the *eclat* of which Dr. Rogers says those who have abandoned the hypodermic syringe mourn the loss, is not due to the "flourish of instruments and production of pain," but to speedy relief from bodily distress. We commend to his consideration an able, exhaustive and instructive article on the subject which captions this communication, by Dr. J. C. Bishop, of Ohio, in the June number of the *Southern Medical Record*, and the report of the Standing Committee in the last Transactions of the New Jersey State Medical Society.

From what we have written, it will readily be concluded that we are a follower of the "wild fashion," which we make no haste to disavow; that we are pursuing this method not "unfortunately for humanity," but knowing, full well, that by its means we have been instrumental in ministering abundantly and acceptably to the relief of some of the many ills to which human flesh is heir. J. B. Mattison, M.D.

Chester, New Jersey.

News and Miscellany.

Centennial Medical Commission, of Philadelphia.

At the session of this body, held April 19, the following committees were appointed:—

On Hall—Drs. W. H. Ford, A. Fricke, R. J. Dunglison, Levi Cutis, Edward Wallace.

On Correspondence—Drs. W. B. Atkinson, D. G. Brinton, R. J. Dunglison.

On Finance—Drs. Caspar Wister, J. G. Stetler, D. Burpee.

On Museum—Drs. Joseph Leidy, J. Solis Cohen, T. G. Morton, Robert E. Rogers, Charles K. Mills.

On Arrangements, etc.—Drs. Washington L. Atlee, Robert Burns, Wm. Pepper, W. H. Pancoast, L. Turnbull, I. S. Eshleman, Emil Fischer.

On Publication—Dr. F. G. Smith, the three Secretaries and the Treasurer.

On Entertainments—To consist of the whole Executive Committee.

On Addresses and Business of Sections—Drs. J. H. Packard, D. Hayes Agnew, H. Lenox Hodge, N. L. Hatfield, A. C. Bournonville.

It was agreed that all American delegates to the International Medical Congress, shall pay five dollars on registering, to aid in defraying the expenses of publication.

That a dinner shall be arranged for, and each delegate be charged five dollars for a dinner ticket.

Foreign gentlemen in each case to be regarded as guests.

The following arrangements were made for addresses:—

On Medicine and Medical Progress in the United States—Prof. Austin Flint, Sr., of New York.

On Surgery—Prof. Paul F. Eve, of Nashville, Tenn.

On Obstetrics—Prof. Theophilus Parvin, of Indianapolis, Ind.

On Materia Medica and Therapeutics—Prof. Alfred Stillé, of Philadelphia.

On Medical Jurisprudence and Toxicology—Prof. Stanford Chaille, of New Orleans, La.

On Hygiene and Social Science—Dr. Henry I. Bowditch, of Boston, Mass.

On Medical Biography—Dr. Joseph M. Toner, of Washington, D. C.

On Medical Education and Medical Institutions—Prof. N. S. Davis, of Chicago, Ill.

On Medical Literature—Prof. L. P. Yandell, Sr., of Louisville, Ky.

On Mental Hygiene and Medicine—Dr. John P. Gray, of Utica, N. Y.

On Physiology—Prof. Levin S. Joynes, of Richmond, Va.

On Medical Chemistry and Pharmacy—Dr. Wormley, of Cincinnati, Ohio.

It was then agreed to adjourn, to meet at the call of the Chairman. This session was one of the largest yet held by the Commission.

Case of Abstention from Food.

The subjoined case, reminding us of the "Welsh fasting girl," and Louise Lateau, is communicated to us by Dr. D. R. Silver, of Sidney, Ohio, who vouches for the truth of the report from his own observation. The extract is from a local paper.

"Sarah Brown, daughter of Andrew Brown, of Turtle Creek township, aged about twenty-three years, has been for five years afflicted with an obscure form of nervous disease. For the larger portion of this time she has been confined to her bed. For two years she has been totally blind, and for the same time has been wholly devoid of the power of speech. She lies at the present time helpless as an infant. Her hands are tightly closed, so that if she had muscular power, she could not help herself. At times she has severe pain, cramp, and muscular contractions in various parts of her body. The strangest part of this case, however, remains to be told. At various times during her sickness her appetite has been exceedingly capricious, sometimes for three weeks taking nothing but a little milk. On the first of January of this year she refused to take any food, either solid or liquid, and absolutely continued her fast until the first of March, fifty-nine days in all, and for over fifty days her bowels were in a state of complete constipation. During this time her friends made attempts to induce her to take food or medicine, but without success. Even water having bread soaked in it, and carefully strained, was promptly rejected. Her only aliment was pure water, of which she drank freely. On the sixtieth day she was induced to swallow a little cider, and since that time she has been taking a little solid food. Incredible as this story may appear, this much is certain, that the girl cannot be a malingerer, from the nature of her case."

Philadelphia County Medical Society.

The next Conversational Meeting will be held Wednesday, April 28th, 8 o'clock, P. M., at the Hall of the College of Physicians. Obituary notices of the following deceased members will be read: Drs. John Bell, L. S. Bolles, W. A. Hoffman, M. M. Levis, B. Price. The Medical profession in this city are cordially invited.

Notes on Prevailing Diseases.

Dr. J. R. Spooner, of Butler Co., Iowa, writes us, under date April 12, 1875: "There has prevailed, for the last two months, a mild form of scarlet fever, accompanied with bronchitis. Among adults pneumonia has been prevalent. Earlier in the winter spinal meningitis was common, but no fatal cases."

Personal.

—By a transposition of a semicolon, in the last number, Dr. Boyland was made to appear as medaillé member of the medico chirurgical faculty of Maryland, instead of Medaillé ex-Surgeon of the French army.

—A despatch from Toronto, Ontario, says:—"Mrs. Trout, the wife of the editor of the *Times*, has passed an examination at the College of Physicians and Surgeons. She is the first lady physician ever graduated here."

—The Baron de Waldeck, of Paris, well known for his studies of Central American antiquities, celebrated his one hundred and ninth birthday in March last.

—Dr. Wm. B. Atkinson's Address on Chloral, before the Philadelphia County Medical Society, has been referred to the State Medical Society.

—Dr. McClellan has removed to the corner of Broad and Spruce sts.

—Dr. De Forrest Willard's lectures on Orthopedics commenced April 6th.

QUERIES AND REPLIES.

Dr. H. M. H., of *Ill.*—1. Dr. S., of New York City, is a notorious rupture quack, who should be shunned. 2. The transfusion of blood has proved of no benefit in phthisis. 3. We shall endeavor to obtain an article on the subject.

Dr. F. R., of Washington Territory.—1. Hartshorne's *Compendium* is preferable. 2. We know of no pocket manual on emergencies that quite meets your wishes.

Dr. A. K., of Kentucky.—Animal vaccine matter has the advantage of certain freedom from syphilitic poison; the objection to it seems to be that it does not retain its virtue quite so well as humanized vaccine. It fails oftener.

Dr. Robert D., of Maryland.—1. We still continue a *Medical Commission Agency*. Books, drugs, and instruments will be sent you at list prices. 2. Cash with the order is requested.

MARRIAGES.

PENNELL—WILLIAMS.—On Thursday evening, April 8th, 1875, by Rev. E. B. Caldwell, W. W. Pennell, M. D., and Miss M. Mellie Williams, both of Nashville, Ohio.

BIRTHS.

FOREMAN.—April 10th, 1875, to the wife of Dr. J. Foreman, Port Royal, Kentucky, a son.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

APSITHURIA.

BY J. SOLIS COHEN, M. D.

Lecturer on Laryngoscopy, and Diseases of the Throat and Chest, in Jefferson Medical College.

Apsithuria (inability to whisper) is a manifestation of disease not often encountered. Many patients with aphonia (inability to vocalize [phonate]) are supposed to be unable to whisper also, but upon close examination it will be found in the vast majority of instances that the inability to whisper is only apparent. At a short distance from the patient's mouth, not the slightest indication of a whispering sound can be heard. Still, on placing the ear close to the patient's mouth, or on using an ear trumpet, a more or less feeble whisper can be detected; and conversation can even be carried on with the patient in that way, though for the ordinary purposes of life the patient is really as bad off as if the debility of the whisper were an actual inability; and is compelled to resort to tablets or finger-spelling in order to communicate with others. Of cases of this kind I have met several examples. In some of them, the very evidence afforded by the experimental examination just indicated, has restored confidence to the mind; and the ability to whisper has at once begun to increase, and its full power become restored before the aphonia has been overcome. In others, the power of whispering loud enough to be heard in conversation has increased *pari passu* with the recovery of the voice. In one case under my care, on the other hand, there was no increase in the power of the whisper, nor any return of voice.

But these cases are not those to which I wish to call attention in this paper. They are alluded to, in advance, in order to separate more definitely those cases to which the term *apsithuria* is applicable to designate the symptom under consideration—inability to whisper.

Of the latter class of cases I have met but four in the entire course of my practice; two of which came under my care in the ordinary way of practice, and two were sent to me for treatment by professional brethren. I will relate these cases briefly.

Case 1. *April 3d*, 1873. An unmarried young lady, about twenty-two years of age, visited me from another State, with a letter from her physician stating that there was aphonia, with inability to utter the slightest whisper; the latter symptom being of ten months' duration. The most attentive examination with the ear close to the mouth, and with the ear trumpet, enabled me to assure myself that the inability to whisper was real and not apparent. The lady was of rather spare habit, of a consumptive family (two members of which have since died of consumption, without, however, any loss of voice or whisper), anæmic, somewhat emaciated, of a costive habit, and with but little appetite. There was no uterine trouble requiring treatment. She was feeble, though able to take considerable exercise in walking without much fatigue. She presented no appreciable evidence

of a condition which could be denominated hysteria.

Laryngoscopic examination revealed considerable anæmia of all the structures under inspection. The larynx appeared otherwise normal anatomically. There was complete rigidity of the vocal cords in widest extension, without the slightest power of approximation. The respiration was normal in frequence and rhythm, but there was no power of making an audible expiration. Motion of lips and tongue was perfect.

The local application of an electric current of induction (second coil), one electrode upon the internal surface of the interarytenoid commissure, at once restored considerable power in approximation of the vocal cords.

The following prescriptions were ordered to be taken, and the patient was instructed to visit me daily, for the purpose of being subjected to electric treatment:—

[℞. Strychniæ sulphatis, grs.ij
Aquæ, q. s. ad. solve,
Syrupi acaciæ, ad. f.℥iij. M.

Sig. A teaspoonful three times a day, before meals.

℞. Podophyllin, gr.j
Quin. sulph., grs.xvj
Ext. nucis vom., grs.iv
" belladonna, grs.ij
Ol. menth. pip., q. s. M.

Ft. mass. in pil. No. viij div.

Sig. One, night and morning.]

Daily applications of electricity were made to the arytenoid muscle, and to the vocal cords themselves, which eventually effected close approximation of the vocal cords posteriorly, but failed to overcome a slight bulging of the centre of the glottis. Currents of the battery, continuous and interrupted; currents of induction from the first and the second coil, all variously modified as to intensity, continuity, and rapidity of interruption, from the very best apparatus (Brenner's battery, Du Bois Reymond's and Kidder's induction coils), and variously modified as to manner of application, failed to produce any improvement upon the condition already described, though made daily until the 7th of June, at which date I left the city for a summer holiday.

During this time the tonic and aperient treatment had produced an admirable effect upon the general health and the condition of the bowels, so that the pills were kept merely for occasional use. The strychnia was gradually pushed until the patient was taking three-fourths of a grain daily, in divided doses, without any evidence of toxic action, and without any evidence of restoration of the voice.

In addition to the local application of electricity to the larynx, the continuous and interrupted currents of the battery were employed, in all the approved and disapproved methods, to the sympathetic in the neck, and to the regions of the nerves of respiration, as well as to the external muscles of respiration, all without the slightest local benefit.

Treatment was now interrupted for three months, save an occasional visit to the gentleman who took charge of my patients during my absence, to watch the effect of the strychnia, which was administered in smaller doses with more or less regularity, and to receive an occasional repetition of the electric treatment.

In October I again took charge of my patient, who was pretty much in the same condition as when I left her. During the interval, she had had some sore throat, and some slight hæmoptysis; and she had been taking iron and cod-liver oil, and had been placed for a while upon milk diet.

On resuming treatment the administration of strychnia was stopped, and the following substituted:—

℞. Infusi. anthem., f.℥viij
Tr. cinch. co., f.℥iv. M.

Sig. A wineglassful, three times a day, before meals.

In the course of a few weeks, under the influence of a continuous electric current, passed from the nape of the neck to the cervical regions alternately, and to the top of the sternum, the power of whispering was regained, and it has continued to the present time, though there has been no relief to the aphonia. The treatment by electricity was systematically kept up for several months, without any further success, when it was abandoned; and for about a year I have seen the patient, or heard from her by letter at infrequent and irregular intervals. She remains pretty much in the same condition, always feeling better under the influence of some tonic or nervous excitant, such as quinine, iron, strychnia, phosphorus, all of which seem to be of benefit in turn, though incompetent to effect much permanent good.

The general health, though far from good, is better than it has been for years. The past

severe winter was endured without the usual susceptibility to atmospheric influences; but within the last few weeks there has been a weakness of vision, with photophobia, for which the patient is now under special treatment.

The larynx is still anæmic; the vocal cords approximate, but there is a lack of longitudinal tension. The whisper is sufficient for the ordinary requirements of occasional conversation. There has, at no time, been any indication of voice.

Upon some future occasion the subsequent history of this case will be continued.

Case 2. *October 17th*, 1874. On this date I took professional charge of a young lady about twenty years of age, sent to me from the western portion of the United States, with a written history of her case prepared for me by her physician. She was rather slender, bright-faced, with a delicate rosy skin, quite languid, unable to bear fatigue, and with a very poor appetite. There was complete aphonia, and complete apsithuria. Communication from her by writing and signs only. Occasionally, while laughing, a short laryngeal inspiratory chirp would be heard, sometimes loud enough to be distinguished several feet. It could not be produced voluntarily. It was some time before I had an opportunity of hearing this sound, which was clear and entirely free from hoarseness.

The history furnished me was, that "the patient—full faced, with good color, before present attack—has had hysterical symptoms, and lost voice on one occasion for a short time—recovery sudden.

"Last autumn had a slight cold and hoarseness of voice, which in a few hours became reduced to a whisper; cough trifling, and febrile action slight. Active symptoms removed in a few days by warm baths, Dover's powder, etc., leaving the patient with complete aphonia, great lassitude, oppression in chest, and small, nervous cough." A tonic and local treatment was instituted without effect on the voice. After the catamenial period next ensuing, which, though normal, left the patient "with increase of lassitude and oppression," ether was administered diagnostically. There was "much muscular excitement, but no loquacity—spoke once in her struggles, with distinct sound." Local treatment, including applications of the current from a magneto-electric apparatus every second or third day, was continued, but without improvement. "She spoke once or twice during the course of following months, in distinct tone, when excited; laugh resonant."

Further treatment by derivatives, strychnia, stimulants, local astringents and caustics, inhalation of sprays, etc., had proved unavailing.

On examining this patient laryngoscopically, I found a bilateral paretic condition of the vocal cords, the parts appearing anatomically normal. I am not certain that this condition was not due simply to emotion, inasmuch as after a very few (not more than three or four certainly) applications of the electric current (interrupted battery current) of a few seconds' duration each, there was voluntary power of bringing the cords into contact that should have been phonal; but no effort or device was sufficient to throw them into vibration; nor did this take place at any time during the entire course of treatment, which, with infrequent interruptions, was kept up daily until nearly the close of the year. Strychnia was prescribed, and pushed, as in the case already related, and with no better result. The appetite improved a little at times, and then fell off, but the languor and lassitude increased, despite all the attention and comforts which were at the disposal of the patient.

Applications of the continuous current, and of the interrupted current of the battery, were made to the external muscles of respiration, to the region of the sympathetic, to the sternum, and alongside the upper portion of the spine upon both sides. The ascending current, from the sides of the dorsal vertebræ to the corresponding sides of the upper portion of the neck, seemed at times to lessen the languor, but the improvement was very evanescent. The application of the battery current, whether continuous or interrupted, almost always induced slight headache. But few cells (8–12) could be used.

In this case, as in the other, I had the hearty co-operation of the patient in my attempts for her relief.

When the weather became cold it was considered prudent to send this patient to a warm climate, where she could be out a good deal in the open air. She has spent the winter in Florida, with improvement to her general health, but she is still unable to whisper.

Case 3. *December 21st*, 1874. A married man, about forty years of age, of highly nervous temperament, illiterate, and a religious fanatic. Aphonia and apsithuria, both complete, and both of several months' duration, during which

time the inability to speak aloud and to whisper had been absolute and continuous. The man was very much afraid of being hurt, and it was with difficulty he submitted to a laryngoscopic examination. There was bilateral paresis of the vocal cords, with general congestion of the laryngeal and contiguous structures. A guarded prognosis was given, on the basis of the two cases already narrated. Treatment was begun at once by local application of the interrupted battery current (20 cells) to the vocal cords, one electrode being held externally. The treatment cured the aphonia and apsithuria at once, much to my own gratification and to that of the patient, who has since remained in full possession of voice and whisper. He was directed to give up attendance upon religious meetings, and to take, three times a day, a pill containing one-sixth of a grain of phosphide of zinc, and half a grain of extract of ignatii amara. Under this treatment his nervous and mental condition improved very rapidly.

There is no doubt as to the hysterical nature of this case. It is the only case of hysterical aphonia that I can recall, at the moment, in the grown-up male; and the only case of apsithuria that I have seen in the sex.

Case 4. An unmarried lady, of about twenty-two years of age. *September 28th*, 1874. This patient consulted me for complete loss of voice of several months' duration. She was able to whisper satisfactorily at this time. She was moderately well developed, but weak. Her organic functions were in good order. Laryngoscopic examination revealed a congested larynx, with velvety condition of the supra-arytenoid structures, and bilateral phonal paresis of both vocal cords, their respiratory movements being normal. The application of the interrupted current, from twenty cells, at once caused the vocal cords to approximate, but did not overcome the want of longitudinal tension of the cords; so that there was no phonal sound. To render the cords tense I fixed the cricoid cartilage between my two middle fingers, and with the thumb and index finger of each hand upon the thyroid cartilage, pressed that structure down toward the cricoid; and while the parts were maintained in this position, the phonal sound could be made. This manipulation succeeded at many subsequent interviews, and finally the voice returned; but it has never remained for more than a few consecutive days, from that time to this. On many occasions, on the other hand, the power of phonation has continued but a few hours, and sometimes but a few minutes. It is almost always possible to restore the voice by the manipulation mentioned, by external electrization (with any current) of the crico-thyroid muscles on both sides, and by internal electrization (any current) of the vocal cords.

The patient was placed upon the use of sulphate of strychnia from the first, and her general health has improved greatly under its influence. It is given in doses of one twenty-fourth of a grain, three times a day, and increased daily until there is some evidence of toxic action, when it is intermitted for a day, and then resumed in the same manner as before, always returning to the minimum dose. Other remedies have been used at times, but nothing has given results comparable to the strychnia administered in this manner.

A peculiarity of the case exists in this: when the voice is gone the throat feels well; when the voice is present the throat is sore. The sore points are the corpuscles of Santorini. Local treatment with astringents and caustics has had no effect on this peculiarity.

While this patient has been under treatment, the condition of apsithuria has become developed, and now, when she loses her voice, she very frequently loses the power of whispering also; and this continues until voice and whisper are regained, under some of the manipulations already mentioned. No abnormal appearance of the vocal cords is apparent, unless it is too great tension on attempts at voluntary phonation, which close the glottis so much that a very minute linear aperture remains, through which, on forced effort, a sound of exceedingly high pitch is made; but even when this attempt succeeds there is no power, often, to use the voice after the experiment, even though it may be successfully repeated several times consecutively.

The case is still under treatment, and will be more fully reported at some future time.

These cases are laid before the profession in the hope of eliciting some records of similar experience which may throw light on the obscure portion of their pathology. I have been unable to obtain any satisfactory insight into the pathology of loss of whispering power with intact preservation of voluntary expiration, and voluntary consentaneous movement of the muscles employed in speech.

1431 *Walnut St., Phila., April 16th*, 1875.

ON SUBPERIOSTEAL EXCISION.

BY G. ELLIS PORTER, M. D.

Of Lonaconing, Md.

James Fisher, aged ten years, on the 20th of October, 1868, while running and jumping with a pole, injured the left tibia. On examination, three days after the accident, I found no evidence of fracture, and attributed the symptoms to severe concussion of the bone. Periostitis, ostitis, and osteo-myelitis, involving apparently nearly the whole tibial shaft, supervened. Pus, mixed with fine earthy matter, and now and then small, gnawed, porous pieces of necrotic bone escaped at four openings along the subcutaneous tibial surface. The upper abscess opening was about one inch below the tuberosity; the lower one about the same distance above the point of the malleolus. Through the upper and lower abscess openings the probe could be passed deeply into the centre of the bone. The other abscess openings did not penetrate so deeply; were limited to the solid osseous substance. The marked emaciation, hectic paroxysms, etc., unmistakably indicated the direction the patient was going.

On the second Tuesday of April, 1869, six months after the accident, the patient was brought before this society, and the members present, if I am not mistaken, were unanimous as to the propriety of an operation.

On the 12th of April, in the presence and with the concurrence and aid of Drs. Gerstell, Ohr, Healey, Piper, and Skilling, the operation was performed. The patient was placed under chloroform, and an incision was made down to the bone, along the middle line of the tibial subcutaneous surface, and from the upper to the lower abscess opening. The periosteum was separated from the bone to an extent equal to the external cut. The membrane was easily detached, a large part of it requiring only the handle of the scalpel; where more adherent, the edge of the knife was used. With the aid of an aneurism needle, a chain-saw was readily passed between the bone and the periosteum, about the middle of the bone we proposed to remove. After sawing the bone through at this point, the upper piece was lifted from its bed sufficiently to allow the chain-saw to be passed well up under the upper abscess cavity, where a second saw cut was made; by a like procedure the chain-saw was passed down well under the lower abscess opening, where a third saw cut was made, by which fully four and a half inches of the tibia were removed in two pieces. The chisel was freely used in removing any diseased bone left by the saw. The bone was found to be enlarged, of almost ivory hardness, abnormally heavy, and somewhat darkened at the sawed surfaces. The operation was almost bloodless. After the periosteal cavity was well washed out, folded cloths, saturated with an aqueous solution of carbolic acid, one part to sixty, were placed in the cavity, along its whole length, and the edges of the wound were approximated and supported by strips of adhesive plaster. The leg was covered with cloths soaked in whisky and water, equal parts. During the first night the limb was supported on a pillow; afterwards it was suspended with the anterior splint and many-tailed bandage.

For three days there was high fever, the pulse from 120 to 130, with some delirium and considerable pain. After that time there was not a bad symptom. Tr. ferri chloridi and quinia, with cod-liver oil, and as much nourishment as the patient would take, were all that was ordered in the way of internal treatment.

The cloths in the periosteal cavity were not removed until the third day. After that they were changed every second day, and then every day, always reapplying them in the same way, with the adhesive strips and the same external application, as at the first dressing. Between the dressings, the carbolic acid solution was frequently and regularly squeezed into the wound between the strips of plaster. The suspension of the limb in the manner described answered the purpose admirably, making the dressings an easy matter, and enabling one to attend to them with but little discomfort to the patient.

On the 20th of May, thirty-eight days after the operation, I removed from the tibia next the ankle a disc of necrosed bone, and about the first of June, another disc from the tibia next the knee, each sequestrum involving the whole sawed end of the bone, and something more than a fourth of an inch in thickness at its periphery, and slightly concave on the surface of detachment. Before the removal of these necrotic discs the periosteal cavity was well filled up with a hardened substance, that was a little flexible, and that was, perhaps, to some extent, in a cartilaginous condition. The reproduction of bone was far enough advanced to remove all anxiety as to the success of the operation, un-

less there should be a failure of union of the old and new bone. The osseous regeneration, up to the date of the removal of the necrotic discs, must have been solely the work of the periosteum.

On the 4th of July, eighty-three days after the operation, the union of the old and new bone was, both ankle and kneeward, sufficiently firm to make it safe to allow the patient to go on crutches. In September, while the patient was running with a crutch and cane, he slipped and fell, the whole weight of the body coming suddenly on the left leg, fracturing the tibia about the middle of the new bone, without displacement, or, perhaps, laceration of the periosteum. From this injury the patient was kept in bed for two weeks. About Christmas, running out of the school room, he slipped and fell over a short flight of steps, and injured the bone at the same point as in September, from which he was laid up for about the same length of time as before. Before this last accident, for some time, both crutch and cane had been left off. From the date of last accident there has been no trouble with either the old or new bone.

It is now nearly six years since the date of the operation. On examination, some time since, I found the tibiæ of equal length, each measuring eleven inches from the tuberosity to the point of the internal malleolus. The legs, at the thickest part of the calf, measure ten inches in circumference. The subcutaneous surface of the left tibia, measured from edge to edge, is nearly one inch and a half; the right one inch and a quarter. The cicatrix is eight inches in length and three-fourths of an inch wide. The left tibia, from tuberosity to malleolus, is nearly as symmetrical as the right. The boy is able to run, jump, wrestle, and, in fact, do any thing else that requires for its performance a sound tibia.

There are several points in the after treatment of this case that I believe to be of some importance. The suspension of the limb in the manner described, was, I think, of material advantage. The packing of the periosteal cavity with cloths kept constantly saturated with the antiseptic solution was, right or wrong, a thought of my own. I believe it was the right thing to do, and the history of the case would seem strongly to sustain this view. By keeping apart the periosteal walls, and forcing the wound to heal by granulation, we prevent the possibility of the formation of troublesome sinuses. By using the carbolized solution we guard against septicæmic and pyæmic complications; and by lessening the pus production the patient's strength is less heavily taxed. When new bone forms around a sequestrum, does the dead or dying bone contribute anything directly towards its production? So far as the dead bone is concerned, certainly not; and the dying bone has perhaps as little to do with the osteo-genetic process. What part, then, does the sequestrum perform? It irritates and stimulates to increased activity, and keeps at work the bone-making tissue. Does not nature clearly indicate what we ought to do? That is, in cases of subperiosteal excision, to introduce into the periosteal cavity an antiseptic substitute for the sequestrum. Following a blind pathological law, nature often sadly bungles her work. By an intelligent study and proper utilization of the facts of these cases, ought we not to be able to help her do her work by a better, safer and more easily managed method? I have had an opportunity of testing this method of treating cases of subperiosteal excision in but one other case. On the same day on which the operation was performed on Fisher, John Byrnes, æt. 19, had nearly the whole ulna removed for necrosis of that bone. A part of the olecranon, the coronoid process, and a little more than an inch of the shaft of the ulna next the wrist, were not removed.

At the time of the operation, the periosteum had completely detached itself from the sequestrum, and osseous deposits were beginning to form at points over the periosteal cavity. The operation was performed by Dr. T. M. Healey. The patient was placed in my care after the operation. The packing of the periosteal cavity was the same as in the Fisher case. There was a perfect regeneration of the bone. There is also fair motion of the elbow joint.

SOME OBJECTIONS TO THE MODERN TREATMENT OF PNEUMONIA.

Read before the Clay county Medical Society, April 5th, 1875,

BY B. F. RECORDS, M. D.,

Of Liberty, Mo.

A few years ago venesection, mercury and tartarized antimony, were the sheet anchors in the treatment of pneumonia. Later, veratrum seemed to gain the ascendancy. Then the purely expectant plan followed. Prof. Flint

found a few adherents, on the theory that the tendency of pneumonia was towards health, and that nine out of ten would get well without anything except a little alcohol and good nourishing diet. The very latest is that practiced now, which is large doses of quinine, brandy, beef tea, ammonia, with ice packing. I will quote:—"Professor Loomis, of the University of New York, states that he did not address quinine especially to malarial poison, as he was satisfied it also had a good effect in preventing cell formations in inflammatory diseases." Prof. Alonzo Clark remarked, in his lectures, that in the treatment of pneumonia during the past year, he had relied principally on five-grain doses of quinine every hour, until twenty grains or more were taken each day. This treatment was discontinued when the positive effect of the medicine was produced. (*American Medical Weekly*, page 403, Feb. 13th, 1875).

Prof. W. H. Thomson, of the University of New York, stated, at a meeting of the Academy of Medicine, on the 4th of February, that he had treated five cases of pneumonia at Bellevue Hospital, "although of different types, precisely alike, ten grains of carbonate of ammonia and two grains of quinia every two hours, with two pounds of ice in a bag applied to the chest for as long as eight hours at a time." One of the five died. At the same meeting Prof. Loomis said: "Pneumonia is now almost an idiopathic disease; generally occurring in a person who is not quite in full health at the time. In its treatment we are to study the circumstances under which the attack was developed, and direct our attention to the general condition. The two great practical points are:—

1. "To reduce the temperature, if high. If it is not above 103°, the case will always get well of itself, with pure air and proper alimentation. The heat is due to rapid metamorphosis of tissue, and quinine is our great reliance as an apyretic. It should never be given in less than ten-grain doses for this effect." Dr. Loomis' experience with ice was limited, but unfavorable as far as it went. "Thought it caused the disease to spread. Three cases recently treated with it in the Mount Sinai Hospital had died, though the fourth recovered.

2. "To sustain the heart. Patients die from failure of the heart. It is this which causes the pulmonary œdema, heart-clot, etc., which carry them off. Alcohol, judiciously administered, is the great preventive of this."

Dr. Leaming, of St. Luke's Hospital, said that: "Pneumonia, without doubt, had become more fatal during the last five years." His treatment was similar to those quoted above, * * * * "Dr. E. D. Hudson gave a synopsis of the statistics of pneumonia in New York since 1804, and showed that the mortality from it had increased out of proportion to the increase of the population. The increase of malarial and typhoid tendencies, however, offered some explanation of this." (See *American Medical Weekly*, pages 418 and 431, 1875).

I have quoted thus lengthily in order that we may have a correct idea of what the modern treatment of pneumonia is, so that I may show how and why I object to it. In the first place, it is now contended, by eminent physicians, that the acceleration of the heart's action is a *physiological act*, that is, the obstruction to the entrance of air into the pulmonary vesicles, and therefore the failure of the lungs to aerate the blood is compensated by the more rapid action of the heart. In other words, the heart labors to bring the blood more rapidly in contact with the air circulating in the healthy or unaffected lung tissue; and, therefore, all medicines which are calculated to prevent the heart from thus acting are contra-indicated; ergo, *cardiac sedatives* prevent the heart from curing the lungs, by preventing it from pumping the blood into the lungs from one hundred to one hundred and forty times per minute.

We have been taught that pneumonia was a local inflammatory affection, with constitutional manifestations. But now comes Jurginsen, of Tubingen, and informs us that "pneumonia must no longer be regarded as a local inflammation, but as one of the acute, infectious constitutional diseases, of specific origin, and with a specific local manifestation." The latter theory will find plenty of advocates as soon as Ziemssen's Cyclopedia is translated, so that we Americans can read it, for we delight in foreign literature.

Now I still believe that an inflammation of lung tissue, whether croupous or catarrhal, is still an inflammation, local, so far as its effects are concerned. "*Notæ inflammationis*," says Celsus, "*sunt quatuor, rubor, et tumor, cum calore et dolore.*" We still find the heat, swelling, pain and redness described by Celsus. As the local hyperæmia increases, so the respirations increase, and as the latter are augmented, so the heart must, of course, act in correspond-

ence. Thus the rapid action of the heart cannot be a physiological act, but is driven to it by the impeded respiration, and therefore a pathological operation, not necessary to a restoration to health, any more than the dyspnœa, any more than the pyrexia.

Have we any remedy that will remove those pathological actions, and thereby allow nature to remove the effusion? I think we have, notwithstanding Prof. Flint said, this winter, that the action of veratrum viride, aconite, and antimony, had not been sufficiently established by clinical facts. I suppose he has not tried them, nor has he read of any European professor who has, for American practitioners, especially in the West and South, have not only tested them, but have written enough to convince the most skeptical, if anything this side the Atlantic could convince them.

Of antimony I have nothing to say, never having used it but in two cases. One, a gentleman, 45 years old, whom I bled, blistered, and gave tartarized antimony; convalescent the fifth day, without a single complication following. Another, a boy, 3 years old, took one-sixteenth of a grain every half-hour, for forty-eight hours, and convalesced rapidly. But it is to veratrum I wish to call special attention. When and how should it be administered? Some of our very best men think in the first stage alone, never after there is any portion of the tissue hepatized. Now, with all due deference, I must differ. During the first stage, or that of dryness of the pulmonary membrane, where there is, of course, no crepitation to be heard, but simply a harsh, dry respiratory murmur, I conceive that two or three large doses of quinine, with hot applications, to allay pain, will, and do commonly, abort the disease. But we rarely see a case until the stage of engorgement has set in; then, and not before, do I find veratrum the remedy to prevent the third stage, or that of hepatization, though we frequently find the third stage set up in a small portion of the lung, while the second stage surrounds it, when the patient is first seen. No matter; the remedy is just as admissible in the third as in the second stage; and I firmly believe, from clinical experience, that if the remedy is administered fearlessly, the fourth stage, or that of gray hepatization, or purulent infiltration, can never set up, for resolution will follow as certainly as the remedy is given properly, or at least, it has done so in my practice; but whenever I have been vacillating or timid, from having read too much of the late theories, I have invariably had a case of chronic pneumonia, or as it is called sometimes, "typhoid pneumonia."

How should it be administered? Just as directed by Norwood, the dose, I mean; but at the same time, I give opium and whisky every fourth hour, and give from ten to twenty grains of quinine in the morning, and five to ten at night. With the above treatment, and blisters, or hot salt sacks, over the diseased region, *I have never failed* to have my patient convalescent in from three to seven days, without one untoward symptom following.

We will occasionally find a patient with so much gastric irritation that he cannot bear the ordinary dose, and then we will have to delay its administration until the nausea is relieved. Such was the condition of Mr. A. L. B——, this last winter, but by persevering, and reducing the dose, I finally succeeded in getting him to bear one-fourth drop doses. Of course I gave him whisky and tr. opii regularly. With these small doses, I succeeded in subduing the fever and reducing the respiration and pulse without any prostration, but, indeed, as soon as he was brought under the influence of it he expressed himself as feeling better and stronger, with a desire for food; at the same time crepitation began to be audible, where before all was hushed in the deathlike stillness of hepatization; and such has been my experience with the remedy. I never have seen the terrible prostration, with vomiting, so often spoken of in connection with veratrum; but on the contrary, my patients have invariably said, if old enough, that they were better, and the physical signs established the fact, as well as the rational; for, crepitation returned, the tongue would be moist and cleaning, the pulse stronger or fuller, the skin moist and cool, with free expectoration and cough less frequent, and returning appetite.

So, in conclusion, I would say, let theories be what they may, we should always weigh them by established clinical facts when we apply therapeutics, for, after all, we want to know the most speedy way of restoring our patients to health when called upon. We should, therefore, be careful, in our reading, not to be carried away by every wind of doctrine.

—There should, by all means, be a full delegation at Louisville from Philadelphia. See to it, gentlemen.

Medical Societies.

THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

The second annual meeting of this body was held in Baltimore, April 14th, Dr. Henry M. Wilson presiding.

Dr. Joseph M. Toner delivered the annual address, his subject being

The Medical History and Physical Geography of Maryland.

From the earliest settlement of this State, he said, the members of the medical profession in Maryland have deserved and enjoyed the reputation of learning and skill as physicians and surgeons, as well as influential citizens. They have, in the past century and up to the present time, held most honorable positions in the pages of the history of the State, exercising influence for public advancement and good in State policy, social, civil and political. In the country at large there has been a notable absence of physicians in legislative bodies, and generally the profession is not exercising its former influence in public affairs. This the speaker regarded as a misfortune, as no other class of men, from education and sympathies, other things being equal, is so well qualified to judge of the necessity and efficiency of many branches of legislation. The calling of the physician, when intelligently pursued, is not only the most necessary and useful of professions, but the most catholic in its practice and purposes, and most essential to the necessities, the preservation and the higher development of the race.

As a note to his address Dr. Toner appended a list of the names of nearly one hundred physicians of the State of Maryland, with a brief reference to the public positions of each, and service rendered, as an honorable record of the medical men of Maryland in public matters before and during the Revolution.

The Medical and Chirurgical Faculty of Maryland was chartered in 1799, three-quarters of a century ago. One hundred and five physicians of prominence, actively engaged in practice in Maryland at that period, resolved upon its organization. Dr. George Buchanan was one of the persons originally engaged in laying out Baltimore town. He spoke of Dr. Henry Stevenson, who was engaged in the practice of medicine at Baltimore as early as 1763; he built a large and elegant house near the York road; in 1768 he converted this splendid mansion, "Stevenson Folly," to the very laudable purpose of a small-pox infirmary for the reception of young men, whom he successfully inoculated before the practice had become general.

More than two generations of physicians have filled the ranks of this society during the period of its existence. Dr. Toner spoke at length of its long and useful career. He mentioned the bequest of Johns Hopkins as one of the great future means of promoting the usefulness of the profession. He expressed the utmost confidence in the wisdom and ability of the trustees. He also spoke of the State board of health, authorized under a liberal State law, with intelligent sanitarians to conduct its workings. He thought it would, in time, become of great importance in protecting public health.

In 1850 the whole population of Maryland was 583,034, of whom 990 were physicians, a proportion of one physician to every 588 of the population. The total mortality for the year was 9621. In 1860 the whole population was 687,049, of whom 1093 were physicians, being one physician to every 628 of the population. The total mortality for the year was 7374. In 1870 the whole population was 780,894, of whom 1257 were physicians, being one physician to every 621 of the population. The total mortality for the year was 9740.

The configuration of Maryland and its geographical position secures for the level tidewater region a mild climate, with lower temperature and more bracing air in the elevated western region. About one-tenth of the whole area of the State is covered with water, much of it salt. This broad sheet of water contributes, no doubt, largely, by imparting its heat, to moderate the extremes of temperature which occasionally visit other States lying in the same latitude. The annual rainfall is 44 to 46 inches. The mean temperature for the year in the lower localities is 58°, or 4° warmer than Baltimore or Washington. The warm temperature for the middle counties of the Eastern and Western Shores is 2° milder than in Baltimore. These climatic conditions are quite sufficient to make great differences in the inauguration and success of various enterprises and agricultural pursuits. Something like one-half of Maryland may be geologically considered as drift, or alluvial. The limits of the two formations will, in a general way, be indicated by the line taken for the construction of the railroads from Baltimore to Washington, and from Baltimore to Philadelphia by way of Havre de Grace. All the lands lying south and east of the line belong to the more recent formations. As might be expected, the tidewater is coextensive with the alluvial or tertiary formation throughout the State, and it is but slightly elevated above the tide.

The extent of low and overflowed lands increases toward the southern counties. St. Mary's is nearly level, and large tracts of her lands are covered at certain tides, and seasons, and winds. He estimated that 80 to 100 feet would be a fair average elevation for the whole Western Shore. The tidewater section required the skill and genius of the best hygienists to make it salubrious. He believed there was a progressive salubrity from tidewater to an elevation of 200 feet and over. It was a duty resting on the profession to render habitable, as far as possible, through the aid of sanitary science and professional skill, every locality where man finds it profitable or desirable to dwell. There are few places where this may not be done. Malaria was the chief check to development and increase of wealth and population of tide-

water Maryland. Each laborer throughout this section loses, on an average, ten to fifteen days a year on account of malaria, which is a mysterious poison only known by its effects.

Dr. Toner argued that it was the duty of the State to facilitate, by legislation, the drainage of swampy lands for the preservation of public health, and adding to the resources of the Commonwealth. He concluded with extended reference to the fertility, elevation and healthfulness of Western Maryland, and said he could not recommend it too strongly as a region for summer resorts for families with small children. The address was ordered to be published. Dr. McSherry read a report from the section on pharmacy, etc.

Editorial Department.

Periscope.

Treatment of Railway Shock.

Dr. Hood says, in the *Lancet*:—

In advocating blood-letting after a railway accident, in order to reduce the volume of fluid moved by a weakened heart, and to enable it to carry on the circulation without distress. I feel conscious that I shall have to encounter the prejudices of those medical men who, living in an era when blood-letting has ceased to be regarded as a curative means, so that the practice of it has not formed part of their education, may naturally be unwilling to resort to a remedy of which they have had no experience; but, in my opinion, it is none the less incumbent on them to make trial of the suggestion, and to save those they may be called on to attend from a long course of nervous suffering and depression. It may be requisite to remark to those unfamiliar with blood-letting, that there is not the smallest risk or danger in employing it; more especially if the valuable advice left to us by the late Dr. Marshall Hall be followed, which was, always to bleed a patient in the *upright* posture, as then not a drop more blood would flow than the heart could spare. No medical man would have recourse to bleeding *immediately* after the occurrence of an accident; but would wait until sufficient reaction had been established, either spontaneously or by the due administration of stimulants. I entertain no doubt that if the woman whose case I have mentioned had been bled when her consciousness returned, she might have been saved a vast amount of the suffering which she subsequently underwent.

To show the rapid effect produced by bleeding after an accident, I will relate a case which fell under my observation some time ago. A gentleman, who had a very weak heart, in talking to me about himself one day, remarked: "I presume, doctor, you would never think of taking blood from me under any circumstances?" I waived an answer to his question. A fortnight afterwards I was hastily summoned to him. In crossing a frosted road his heels slipped from under him, and he fell on his back. His weight was fifteen stone. He could not move, and was carried home with much difficulty. When I arrived, I found him very pale, and gasping for breath. He had not broken any bone, and I attributed his difficulty of breathing to the shock his diaphragm had received in the fall. I at once sent for a cupper, and had a pound of blood taken from his back, which gave him instant relief, and he experienced no further trouble from his breathing, although he lay in bed for six weeks without being able to raise himself, save by the aid of pillows. He ultimately made a good recovery.

It is believed by many persons that the administration of a wineglassful of vinegar is the best means of restoring consciousness after an accident due to concussion, and that it is a substitute for bleeding. I have had no experience of this remedy, but its use has been so strongly urged on me by more than one person, that I think it right to allude to it, as, failing other means, it is at least perfectly safe, and might be adopted.

Some Points in Contagious Diseases.

Sir. William Jenner says, in a late lecture:—

With reference to these three contagious diseases which are unable to be traced, in many cases, to pre-existing cases of the same disease, that is, typhoid fever, diphtheria, and erysipelas, there are three points worthy of notice. First, they are more liable than the most contagious, as small-pox, measles, and scarlet fever, to recur in the same individual. Secondly, when not referable to contagion, each is pretty constantly referred to a particular and the same cause; for example, diphtheria to exposure to cold; erysipelas to exposure to cold when the exposed person was depressed from fatigue, mental or moral causes, fasting, etc.; typhoid fever to foul, gaseous emanations or contaminated water. Thirdly, certain primary constitutions seem more prone than others to suffer from these less contagious diseases. All people seem to be susceptible to scarlet fever, to measles, and small-pox, when exposed to the poisons, but these three diseases occur in certain constitutions especially. We are all ac-

quainted, I am sure, with families that exhibit these proclivities. I have known diphtheria, for example, occur in four members of a family at long intervals of time, and in localities widely separated, one in London, one at Brighton, one at Scarborough, and one at some other place in the country. Now, when we consider the infrequency, comparatively speaking, of diphtheria, such a fact as this shows on the part of the members of the family a great primary constitutional proclivity to the disease. I have known six out of seven males of a family to suffer from typhoid fever, no two of the cases occurring within less than two years' interval, and no two at localities within less than fifty miles of each other, while in the same family one only of the same number of females suffered from typhoid fever. Here, again, there must have been a great proclivity to typhoid fever on the part of the males of the family. I do not say, nor do I think, that the arguments and facts able to be adduced in favor of the origin *de novo* of the contagious diseases are conclusive; but I do say, and I do maintain, that they are strong enough to make us pause before we accept the theory advocated by Dr. Wm. Budd, and to which Professor Tyndall has lent the weight of his great name, a weight which would, however, be greater on the point in question, if he had himself studied the subject on which he has, I am sorry to say, addressed the public in a strain calculated to check unprejudiced individual inquiry.

What I have said on the etiology of the acute specific diseases shows how much has yet to be proved, how hard is the work to be performed, ere the opinions entertained on the subject can be converted into knowledge. I will not dwell longer on the etiology of the acute specific disease, but I must allude briefly to the condition of the individual which precedes the establishment, in many cases, of chronic organic disease. We are apt to pay too little attention, to attribute too little importance, to the general, to use a very barbarous expression, "out-of-healthedness" which is so common in previously healthy persons, from overwork, from anxiety, from overfeeding, from overstimulation short of so-called intemperance, from want of food, from bad air, from deficiency of exercise, from deficiency of stimulants, to "out of healthedness" in which the patient refuses to admit that he is ill, although he is a little, as he says, out of sorts, and only seeks advice because his friends notice that he does not look well, and urge him to consult a physician. This condition cannot be studied in hospitals. Those only who are engaged in family practice can trace the origin, can watch the course, can estimate the effects of this condition in all its bearings. For myself, I have been long satisfied that a very large proportion of the subjects of organic diseases, tubercular, malignant, and degenerative, using those words in their widest sense, are mistaken when they attribute the symptoms of imperfect health, from which they have long suffered, to incipient local disease, and for not detecting which they too often blame their first medical attendant. The deteriorated general nutrition to which I have referred as mere "out-of-healthedness" was the cause of their sense of want of perfect health; and, ultimately, this imperfect general nutrition of every part of the body culminated in the extreme malnutrition of that part or organ which natural constitution or accidental circumstance had rendered less able to resist organic change.

The Metallic Alcohols.

Dr. B. W. Richardson, in the course of one of his Cantor lectures, says:—

Now we come to three strange alcohols, whose action is remarkable in itself, and intensely interesting in a physiological point of view. If into ethylic alcohol a portion of the metal sodium be projected, decided action immediately takes place. Hydrogen gas escapes, while a substitution change has been effected: the metal has replaced the hydrogen of the water, and sodium alcohol is the result. Potassium follows the same rule. Both these alcohols are caustics, and their surgical application is yet in its infancy. These metallic alcohols, as might have been expected, are powerful antiseptics, they will keep nervous matter in complete perservation, and harden the soft structures. They have another curious action on the blood: when brought into contact with it, there is an instantaneous crop of needle-like crystals spreading in beautiful arborescent filaments, and not only is this identical with the crystallization that may be induced in the alcohols themselves, but smaller radiant crystals are formed, due to the crystallization of the crystalloid matter of the blood cells.

By acting on common alcohol with strong potash, then with sulphuretted hydrogen, and finally with ethyl iodide, is produced mercaptan. The oxygen of the alcohol is replaced by sulphur, with the formula $(C_2H_5)HS$; odor penetrating and offensive; nearly insoluble in water; thirty-one times heavier than hydrogen. Sp. gr., 832. Boiling point 135° Fahr. = 57° Centigrade.

A five per cent. solution was employed for experimental purposes. Its vapor is not irritating, but its influence is speedily declared. There is a desire for sleep, attended with a feeling of great unhappiness. This is succeeded by a sensation of muscular fatigue, the limbs are heavy, and there is felt an urgent necessity for rest. There is no intoxication. One physiological observation is of importance. This alcohol escapes mainly by the breath, and in some new form, as a sulphur compound; and this distinctive odor is by no means uncommon where the use of ethylic alcohol has been carried to excess. It seems probable that there may be actually produced in the living organism sulphur compounds derived from the bile, a substance rich in sulphur; and these compounds, distributed to the blood by nervous matter, may create the phenomena similar to

those following upon the inhalation of mercaptan. The body, in an unnatural condition, fabricates its own poisons, which the physician is called upon to remove.

Anomalous Digestion.

Dr. James Blake writes, in the Pacific *Medical and Surgical Journal*:—

One of the most striking instances I have seen of anomalous digestion, is that of a lady who has what may be called a decidedly weak stomach; a stomach to which grease in all its culinary forms is nearly poisonous; which utterly rebels against pies and cakes, hot bread and bacon, and, in fact, against most of the articles that are tabooed for weak stomachs; and yet she perfectly digests green cucumbers and green apples. In fact, when suffering from an attack of dyspepsia, and perhaps vomiting even the lightest articles of diet, the first thing that can be digested is a laid green apple, and this, too, late in the evening before retiring. The same patient digests raw turnips and carrots better than when they are cooked. Now there can be no doubt that there must be something peculiar in the functional action of such a stomach; some peculiarity in the properties of the gastric juice which enables it to act on these uncooked hard masses of woody fibre and cellular tissue in a manner different from the generality of stomachs. Whether this peculiarity in the functions of the organ is connected with anything abnormal in its anatomy, I am unable to say. But there is one fact in connection with this case that might excite a suspicion that it may be so, viz: the existence of what may be called œsophageal dyspepsia, or a habit of retaining a considerable quantity of food in the œsophagus and regurgitating it almost unchanged after it has been down some hours. Whether this is connected with the presence of a diverticulum, or from a simple enlargement of the œsophagus, I am not prepared to say, but in either case we have an approach to the anatomical structure of the stomach found in ruminants, whose normal food is cellular and fibrous vegetable tissue.

The Action of Mercury.

Dr. D. Clark says, on this subject, in the Cincinnatti *Lancet and Observer*:—

We may lay it down as a very probable hypothesis, if not, indeed, a demonstrated fact, that mercury stimulates the removal of old structure, without, to the same extent, stimulating the process of repair. It probably causes a more rapid oxidation of the ultimate constituents of the organic tissues. It tends to destruction, and in health, as well as in many cases of disease, it must be ranked as a dangerous poison. But, then, in a large number of cases of a different character, this very same property gives it a therapeutic value which cannot be controverted. It removes the old structure in which the disease is situated, and substitutes new structure, which, if not healthy, is stamped only with the character of the mercury itself, which is readily effaced. It cures the disease by killing off the tissue in which the disease exists, while nature rebuilds a new and healthy tissue out of the ordinary nutritive material. In this way mercury may cure inflammation; it may cure fever, and especially it may cure syphilis. The great efficiency of mercury in syphilis seems to be as well attested as any other fact in medicine. And may it not be explained by the principle we have indicated, viz., that this drug promotes the rapid breaking down and removal of the diseased tissue, and supersedes the disease by substituting new tissue not impressed with its destructive characters; and are we not justified, therefore, in designating mercury as a supersedent?

Copaiba in Dropsy.

Several cases illustrating the value of copaiba as a diuretic are given in the *Practitioner*, by Dr. E. L. Dixon. We quote one which was combined with albuminuria:—

Ellen Glegg, aged 36, married, and has a child eight months old, admitted into Preston Infirmary under my care, 12th May, 1874. There is a loud systolic bruit at the apex of the heart, the impulse of which is notably increased; pulse very small and irregular. The liver extends two inches below the margin of the ribs, and there is some ascitic fluid within the abdomen. Urine sp. gr. 1·018; albumen ¼. No casts were detected under microscope. Considerable œdema of the legs, which has existed five weeks. She has been ill, she says, since Christmas, when she hurt her back; no hemorrhage was, however, produced; has never had acute rheumatism. She was ordered tartrate of iron, with squill, digitalis, etc.; imperial drink, with compound jalap powder occasionally. The urine continued very scanty, and no improvement seemed to take place at all, when, on the 22d, she was ordered to take two copaiba capsules every night. The very next day, the urine of that day being measured the following morning, the amount was nearly trebled, and continued to increase. The albumen diminished, and she was discharged, well, Jan. 16th. The capsules contained from 5 to 10 minims of copaiba each.

Physical Properties of Quinia.

The *American Journal of Pharmacy* gives the following results obtained by Jules Regnauld:—

1. The solubility of quinia in water is, at 15° C., 1 in 2024, and at 100° C., 1 in 760; in absolute alcohol, at 15° C., 1 in 1133; in chloroform, at 15 C., 1 in 1926; in pure sulphuric ether, at 15° C., 1 in 22,632.

2. The solubility of tannate of quinia in water is below 1 in 20,000.

3. The fluorescent power of quinia becomes twenty times more energetic under the influence of an excess of sulphuric acid.

4. By means of this exalted fluorescence, it is

possible to recognize the presence of the alkaloid in a solution containing quinia only, in the proportion of one part in five hundred thousand; a degree rather beyond that stated by Flückiger, who recommends this reaction. The author finds it to surpass, in delicacy, in the ratio of 5 to 4, the opalescence caused by the double iodide of mercury and potassium, which, however, furnishes no clue as to the nature of the alkaloid of which it reveals the existence.

Cotton-wool Dressing.

The *Lancet* says:—

This method of dressing wounds, which has been especially advocated and introduced to notice by M. A. Guérin, and which seems to be coming into extensive use in Paris, has recently been the subject of a report to the Académie des Sciences, by a Commission specially appointed to examine into it, consisting of MM. Gosselin, Claude Bernard, Pasteur, Larrey, and Sédillot. The immediate cause of the appointment of the Commission was a work by M. Guérin, on the Pathogenetic Rôle of Ferments in Surgical Diseases. M. Guérin claims for his method the following advantages:—The absence or slight intensity of the traumatic fever; the continuance of sleep and appetite; absence or great diminution of pain, and the healthy condition of the wound after some days of occlusion; and, as a consequence of these and of the exclusion of ferments, the rare occurrence of pyæmia. He believes that these results are mainly due to the filtration of the air by the thick layers of cotton-wool, the uniform elastic compression of the wound, and the immobility of the injured limb. He states, moreover, in this work, that he had never found vibriones or bacteria in the pus on changing the dressings. The Commission, however, found bacteria in the pus of the wounds which they examined, although fewer in number than usual; but they confirmed in the main the other advantages stated to exist by M. Guérin, and the wounds in which the bacteria were found were in a healthy condition.

In the discussion which followed the reading of the report, M. Ollier stated that in the rare cases of pyæmia occurring under the use of this dressing, he had observed that the rigors took place at longer intervals and were less severe than in other cases, and that the disease tended to assume a more chronic form. He suggested the combination of carbolic acid lotions with the cotton-wool dressings. It should be added, for the benefit of those who are not acquainted with M. Guérin's mode of dressing, that it does not consist simply in the use of cotton-wool. He never or rarely employs his dressing except where the limb can be covered for a considerable distance above the wound or operation; he covers to the middle of the thigh, for example, after Chopart's amputation. The cotton-wool is applied in successive layers, rolled round and round the limb, each layer being compressed as tightly as possible by a bandage. The wound is usually first washed with strong alcohol. After the operation the dressing is commonly left undisturbed for some days, or even for two or three weeks, until the pus soaks through. Secondary hemorrhage can hardly occur to any extent, as the limb is subjected to such firm elastic pressure. The method seems to deserve a more careful and extensive trial in England than it has yet received.

Are Galvanized Iron Water Pipes Injurious?

The Editor of the *Druggists' Circular* says, on this subject:—

"The use of galvanized iron pipes is comparatively a new one; for that reason, we presume, no definite and generally accepted opinion has yet been formed in regard to their fitness as conduits for drinking-water. We have never known of any sufficient reason for believing that zinc in any of its ordinary forms will act upon the living body as a dangerous poison. Oxide of zinc in large doses has been administered continuously in epilepsy and other spasmodic affections, for considerable periods of time, without doing harm, and often, unhappily, without doing good. The effects were nil. Probably the salts are quite as little pernicious. It is true the sulphate acts as an emetic if twenty or thirty grains be administered at once. This proves, however, only that in such quantities it becomes a gastric irritant, but nothing more. It is never a corrosive poison in the sense in which corrosive sublimate or arsenic are said to be. If it is a constitutional poison, it is not known to us. We have no recollection of ever hearing or reading that serious organic or functional changes of any of the organs have been effected by its long-continued use, excepting, however, a case related by Dr. Pereira, which was readily recovered from. Even that was, perhaps, accidental. Should water contain much free carbonic acid, you might expect the zinc gradually to dissolve away as a carbonate, which, at the worst, would give a slightly astringent taste, and technically increase the impurities held in solution. We should expect nothing beyond this. In our judgment, as may be inferred from the foregoing remarks, drinking water is not rendered poisonous by using galvanized iron pipes for its conveyance. There may, indeed, be facts unknown to us, which, if we were acquainted with them, would serve to alter this opinion."

Principles of Midwifery.

Dr. Priestley, in an address before the London Obstetrical Society, said:—

It has seemed to me, in making a general survey of our ground, and weighing our present position, that the great impetus given of late years, by many admirable workers, to the progress of uterine surgery, has tended to throw the balance somewhat too much over to the surgical side of the scale, and that operative and mechanical methods of treatment have displaced somewhat unduly and hurtfully the

medical and psychical considerations in uterine cases.

The current axioms about "meddlesome midwifery" are as true in our times as in former days. Experience also has abundantly proved that even minor operations on the unimpregnated uterus cannot be undertaken with the same immunity as like operations in external surgery. A simple incision, the removal of a polypus, an intrauterine injection, the insertion of an intrauterine pessary, has not infrequently been followed by grave symptoms, which, in some cases, have terminated in the death of the patient, or in the permanent maiming of the genital apparatus by peritonitis.

While the sagacious and prudent gynecologist should shrink from nothing which will promote the ultimate good of his patient, he should not readily be beguiled into what is new or adventurous, without sufficient proof of its necessity, efficacy, and reasonable security, and without well considering whether some lesser measure will not bring about the same result. Further, he should be conservative of his resources, in diagnosis as well as in treatment. He who, as a rule, employs the uterine sound, without considering whether the whole circumstances are such as to afford *primâ facie* evidence that it is necessary to clear up some doubt, will certainly inflict a large amount of pain and annoyance on his patients, with a minimum of good result. The same observation applies, in some degree, to the use of the speculum; and without being bound by any slavish rule on the subject, I may go so far as to say that any method of treatment for uterine affections, always supposing it to be efficient, the more readily commends itself if it do not entail too frequent examinations *per vaginam*.

Infantile Leucorrhœa.

Dr. Bouchut (*Annales de Gynécologie*, in *American Practitioner*), in a clinical lecture, refers to two cases of leucorrhœa occurring in children, the one a diathetic disorder, the other resulting from want of cleanliness, stating that these represent the character in many examples of this disease, while other cases are the consequence of attempted rape or of masturbation, or of syphilitic or gonorrhœal infection. The most frequent causes are herpetism, or the herpetic diathesis, scrofulosis, and want of cleanliness. In fact, in typhoid fever, a septicæmic disease, and in virulent measles, the vulva is often covered with a muco-purulent oozing of a very irritating character; and if the children are not carefully washed, a follicular vulvitis occurs, followed by ulcerations with reddish borders and a grayish pseudo-membranous bottom, resembling aphthæ of the mouth. Soon these ulcers become phagadenic, hollowing in all directions, causing more or less destruction of the vulva, and extending even to the anus. In other cases, beneath the ulcerated follicle the cellular tissue becomes engorged, forming a hard base, accompanied by swelling and redness of the labium majus; then a blackish eschar appears, and, rapidly extending, becomes true gangrene of the vulva, generally followed by the death of the patient.

The seat of leucorrhœa in children is always at the vulva, while the leucorrhœa of adults is vaginal or uterine. The liquid secreted is a more or less abundant acrid pus, irritating, of a greenish white, and leaves green stains upon the linen. It causes an obstinate *pruritus*, compelling the infants to rub the parts frequently, and thus sometimes may induce habits of masturbation. From the vulva the fingers of the child may convey some of the pus to the eyes, and thus very violent purulent ophthalmia be produced; hence the importance of preventing such an accident.

If the leucorrhœa be caused by ascarides coming from the rectum to the vulva, use a solution of carbolic acid as a wash for the vulva and as a rectal injection, or injections of soot, and use rectal suppositories of mercurial ointment. In the leucorrhœa of acute diseases lotions of water and aromatic wine may suffice; but if there are ulcerations with a phagadenic tendency, apply an ointment made of one part of coal-tar to ten of lard, and wash morning and evening with a saponified solution of coal-tar. If in place of an ulcer there be an eschar, detach it and sprinkle the surface with camphor. When the leucorrhœa has scrofula or herpetism as its cause, give cod-liver oil and the arseniate of soda. Let the patient have a daily bath of carbonate of soda, of sulphur, or of corrosive sublimate. Lotions of corrosive sublimate, of carbolic acid, or of the saponified coal-tar, may be used, and if the disease is obstinate, pencil-ing the inflamed part with a solution of nitrate of silver.

How to Make Suppositories.

The following directions are given in the *American Journal of Pharmacy*, by Mr. R. V. Mattison:—

Place the mould, capable of holding twelve or fifteen suppositories, upon ice, and put the quantity of cacao butter in a caspule, and melt quickly, thoroughly incorporating the powdered opium, for instance, with the melted cacao butter. Stir, while cooling, until brought to the consistence of thick honey; pour into the moulds, and allow to solidify. Upon opening the mould the suppository will usually drop out. No lycopodium or steatite is necessary, as there is no difficulty experienced through sticking.

The breakage will not amount to 1 per cent. of the number prepared. With these directions strictly followed, no separation will occur.

If an extract is used, dissolve in as little hot water as possible, and pour the melted cacao butter upon the diluted extract. Incorporate thoroughly, and proceed as above.

In dispensing, place white or pink cotton in a box, and place the suppository thereon; cover with cotton, and label as usual.

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ALCOHOL AND ITS EFFECTS.

The unending discussion as to the physiological effects of alcohol on the human system has recently received an important contribution, in the Cantor lectures, of Dr. Benjamin W. Richardson. His conclusions are very pointed, and coming from an investigator of his eminence merit attentive study, the more so as they tell, very directly against the opinions of other and able observers.

The moderate use of alcohol, in health, has been defended by Dr. Anstie, and others, on the ground that it is a food, and as such, gives an increment of muscular force. This view is adopted in a late number of the *American Practitioner*, by Dr. L. P. Yandell. Quoting various experiments, he concludes:—

"Alcohol, then, is to be looked upon as a form of food, ministering not to the growth of any tissue, but, like farinaceous substances, developing heat and energy in the system, and protecting the tissues against the wear and tear incident to the vital processes. It counteracts the disintegration of the blood-corpuscles as well as of the organized tissues, and thus supports the system in protracted cases of disease attended by loss of appetite and digestion."

Dr. Richardson, on the other hand, to the question, Is alcohol food? returns a distinctly negative answer. He maintains that it is not a builder of any tissue whatever, not even of fatty tissue, and considers that, in all fairness, we are driven to the conclusion that in the animal body alcohol is decomposed. He said that the inference that might be drawn is fair enough, that the alcohol is lost by being burned in the body. If it were so, alcohol in the process of being burned or oxidized in the body would supply force, *i. e.*, heat. This, however, is not the case. Dr. Richardson repeated the statement first made by him in his report to the British Association at Birmingham in 1866, that the general action of alcohol is to reduce the animal heat. He said that the progressive states of change of animal function from alcohol were four in number. In the first stage, a stage of excitement, the external temperature of the body is slightly raised. This effect, however, he held was due to a greater loss of heat, not to the combustion or oxidation of the alcohol. This increased loss of heat is owing to the more rapid radiation of heat from the larger surface of warm blood in the vessels partly paralyzed by the alcohol. The internal temperature is falling during this first stage. In the second and third stages the temperature declines, falling below the normal. As the fourth stage is approached the decline becomes dangerous. This reduction is marked in some degree in proportion to the depth of the coma that follows the intoxication. Throughout every stage, therefore, except the first, the direct action of alcohol was to reduce the temperature of the body.

With the first conscious movements of recovery there is a faint rise of temperature, but such is the depression that these movements exhaust and lead to a further reduction. In ex-

treme cases, so long as three days had been required to bring back the natural temperature.

Dr. RICHARDSON said that the inference from all these facts was that the alcohol is not burned, after the manner of a food, which supports animal combustion, but that it is decomposed into secondary products by oxidation, at the expense of the oxygen which ought to be applied to the natural heating of the body. He supported these conclusions respecting the action of alcohol on the animal temperature by another series of observations, in which the effect of this substance was traced on the muscular power. He showed that the excitability of muscle was reduced, just in the same way as the animal heat, until finally, as the spirit brings on narcotism, so is the muscular power brought down to a state of extreme prostration.

The hygienic considerations which he derived from this study of alcohol are especially interesting; so much so, that we quote them, in his own forcible language :—

"I am bound to intimate that the popular idea of administering alcohol for the purpose of sustaining the animal warmth is an entire and dangerous error, and that, when it is brought into practice during extremely cold weather, it is calculated to lead even to fatal consequences, from the readiness with which it permits the blood to become congested in the vital organs. I cannot too forcibly impress the fact that cold and alcohol act, physiologically, in the same manner, and that, combined in action, every danger resulting from either agent is doubled.

"Whenever we see a person disposed to meet the effects of cold by strong drink, it is our duty to endeavor to check that effort; and whenever we see an unfortunate person under the influence of alcohol, it is our duty to suggest warmth as the best means for his recovery. These facts prompt many other useful ideas of detail, in our common life. If, for instance, our police were taught the simple art of taking the animal temperature of those persons whom they find in the streets in a state of insensibility, the result would be most beneficial. The operation is one that hundreds of nurses now carry out daily, and, applied by our police officers, it would enable them not only to detect the difference between a man in an apoplectic fit and a man intoxicated, but would suggest naturally the instant abolition of the barbarous practice of thrusting the really intoxicated into a cold and damp cell, which to such a one is actually an anteroom to the grave.

"Once more : I would earnestly impress that the systematic administration of alcohol for the purpose of giving and sustaining strength is an entire delusion. I am not going to say that occasions do not arise when an enfeebled or fainting heart is temporarily relieved by the relaxation of the vessels which alcohol, on its diffusion through the blood, induces; but that this spirit gives any persistent increase of power, by which men are enabled to perform more persistent work, is a mistake as serious as it is universal.

"Again, the belief that alcohol may be used with advantage to fatten the body, is, when it is acted upon, fraught with danger. For if we could successfully fatten the body, we should but destroy it the more swiftly and surely; and as the fattening which follows the use of alcohol is not confined to the external development of fat, but extends to a degeneration through the minute structures of the vital organs, including the heart itself, the danger is painfully apparent.

"In conclusion, whatever good can come from alcohol, or whatever evil, is all included in that primary physiological and luxurious action of the agent upon the nervous supply of the circulation to which I have endeavored earnestly to direct your minds. If it be really a luxury for the heart to be lifted up by alcohol; for the blood to course more swiftly through the brain; for the thoughts to flow more vehemently; for words to come more fluently; for emotions to rise ecstatically, and for life to rush on beyond the rate set by nature, then those who desire the luxury must enjoy it, with the consequences."

NOTES AND COMMENTS.

Skin Diseases.

Professor Erasmus Wilson has used a liniment of equal parts of gurjun oil and lime water in cases of painful eczema, in lupus, and in cancer, with very encouraging results, and he stated Mr. Hancock had applied it in a case of cancer of the skin with the effect of dispersing tubercles and healing ulceration, but its most useful property was that of relieving pain.

How to Use the Vaginal Douche.

Dr. Lombe Atthill, gives the following directions:—

To use the vaginal douche efficiently it is necessary that the hips be raised higher than the shoulders, so that the vagina may be distended with the fluid; that the stream of fluid should be continuous, and that it should be kept up to an equal temperature. He has tested this method extensively. In a case of metritis, where the temperature of the water was raised to 110°, the patient derived much benefit. In another, a case of vaginitis, the patient had been subjected previously to treatment of various kinds without benefit. Two gallons of water, temperature 105°, were used twice daily, with the best effect.

Arsenic and Antimony.

The *Medical Press and Circular* says that, as the result of numerous experiments on the action of arsenic and antimony upon the organism, Drs. Mayencon and Bergeret publish, in *La France Médicale*, the following conclusions:—

1. Arsenic is absorbed and diffused in the organism with very great promptness. Elimination through the urine takes place immediately.

2. Antimony is absorbed and diffused more slowly. Urinary elimination rarely begins on the first day.

3. Arsenic is eliminated simultaneously by the liver and kidneys, but more by the liver than by the kidneys.

4. Antimony is carried off in a much larger quantity by the liver than by the kidneys.

Correspondence.

FOREIGN.

Vienna, Austria, March 1st, 1875.

Ed. Med. and Surg. Reporter:—

In our previous letters we have neglected the ophthalmic department, which at this hospital receives an unusual amount of attention, and cannot but continue to be an attraction for students from all parts of the world.

As if by mutual consent, although we assure you such is not the case, the three chairs in ophthalmology teach according to the regular prescribed courses, yet each one dwells upon separate subjects. For instance, Prof. Jaeger devotes most of the time to the posterior half of the eye; Prof. Arlt to the anterior half, and Prof. Stellwag von Carion to refraction and accommodation, and their anomalies.

The former has devoted the entire semester to six weeks' courses on the ophthalmoscope, with ten lectures in each one, on the anatomy of the choroid, retina and optic nerve. Prof. Arlt has missed but a few of his daily lectures, which, with descriptions, and drawings upon the blackboard, of the various forms of inflammation of the cornea, iris and ciliary body, with the usual operations upon these parts, are unequaled.

Prof. Stellwag von Carion, who devotes much time to the subject we have mentioned, is one of the regular examiners and an excellent teacher.

Much more attention has been paid to this subject of late, especially since the new laws governing examinations have made it obligatory for applicants for the general degree of doctor of medicine to pass a satisfactory examination on this branch.

One great source of attraction is the public daily quiz, held by Prof. Arlt, whilst attending the outdoor clinic (ambulatorium); and when he is performing operations or visiting his wards, the crowd is so great that it requires an extra amount of patience and elbowing to see anything. It is to be regretted that we have no text-book from such an experienced teacher, but his lectures are all completely reported in the new "Compendium of Diseases of the Eye," by Tetzer and Grünfeld, edited by Dr. Otto Bergmeister, of this city.

Prof. Edward M. Jaeger continues to give his excellent courses, and seems as enthusiastic and vigorous as many of his younger colleagues, although he has been teaching for a long time. It may be of interest to note that whilst looking over his long list of students we saw the name of Albrecht Von Graefe, written in 1853.

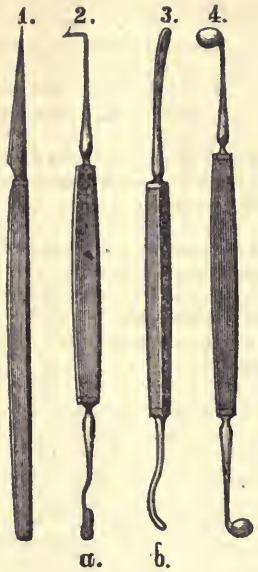
In the extensive wards are accommodations for nearly eighty patients, which he visits every morning, performing most of his operations every Saturday.

Of late, his particular hobby is, to operate without using fixation forceps, and in iridectomy, discission and cataract, except in making the section, he catches the eye flying, and is wonderfully dextrous and successful, although we must acknowledge he has chosen the most difficult method.

Instead of performing the flap operation for cataract, as he did formerly, or the linear of Graefe, which he chose of late years, he now operates according to his own method, which he calls the "hollow-section," (Hohlschnitt), using a knife of his own construction. As almost all the instruments are of peculiar construction, we will describe each one separately, in the course of the method of operation.

The knife (Fig. 1) is triangular in shape, similar to, but much narrower than the old one of Beer. The length of the blade is from 33 to 35 mm., and the greatest width is from 5½ to 6 mm. The back is dull, but ground so thin that it fits very closely to the angle of the wound, which it fills completely. The surfaces are cylindrically curved; the anterior concave one

has a radius of from 6 to 7, and the posterior convex of about 5 mm.



The operation is performed in the following manner: The patient is placed, sitting or lying, and the lids secured by an assistant, or by a speculum (we have never seen the speculum used), and the bulb fixed by pinching up a fold of conjunctiva 5 or 6 mm. below the lower corneal margin, with a pair of blunt-pointed, roughened forceps. He then takes the above-mentioned knife with its concavity forward, and its edge directed upward, and enters the eye parallel to the surface of the iris, pushing the knife forward in a direction as nearly horizontal as possible, through the upper portion of the anterior chamber. After the point of exit has been obtained, the forceps are removed, and the bulb having a tendency to roll upward, acts upon the curve of the knife, and, as it were, aids in the completion of the section. The point of entrance is in the upper and outer portion of the sclerotic, 2½ mm. from the outer margin of the cornea, and 3½ mm. below a line drawn at a tangent to the upper margin of the cornea. The counter-puncture is in the same position at the inner and upper portion of the sclerotic. The greater part of the wound itself lies in the limbus corneæ, and extends on both sides, from Schlemm's canal to the uppermost portion of the cornea; leaving, after the tension of the bulb has been removed by the loss of aqueous humor, an external opening of 12 mm. in length. If during the course of the operation the conjunctiva has been only lifted, it is severed by passing the knife backward and forward.

The second act of the operation consists in performing the iridectomy, which the Prof. says, "requires fixation of the eye, by means of the forceps," yet we have never seen him do so.

The iris is then caught by a pair of curved iris forceps at the outer angle of the wound, and withdrawn, by making gentle traction, and severed close to the external margin of the wound, by means of curved scissors whose concave surface must be directed to the bulb, but during this act the iris that is being severed is drawn toward the inner angle of the wound.

The third step in the operation consists in rupturing the capsule of the lens by means of a cystotome, (Fig. 2.), which consists of a handle and neck, both of which are on the same line and measure 32 to 35 mm. The smaller part, which is bent at a right angle to the neck, is 7 mm. in length, and has a convexity outward, equal to a radius of 12 mm. At the end of the concave portion a small sharp point, ¾ mm. in length is set at an angle of 45.°

For the removal of the lens he uses a spatula and a sound. The spatula (Fig. 2. a.), which is fastened into the other end of the handle of the cystotome; has a neck which is from 24 to 28 mm. in length and is slightly curved at its upper end, so as to bring the middle of the spatula on a line with the neck and the handle. The spatula itself is set at a right angle to the neck, and has a depth of 3½ mm. and a width of 8 to 9 mm. The sound (Fig 3. b.), which is made of German silver, is 35 to 38 mm. in length, is plano-convex, and is 2½ mm. in width, and has near its end a curve on the flat, equal to a radius of 8 mm. Into the other end of the same handle is set an ordinary Daviel's spoon. He places the concave surface of the spatula against the posterior lip of the wound, which becomes dilated by the gradual backward pressure made by the convex portion of the sound upon the lower portion of the cornea, in the direction of the axis of the eye. By this manœuvre the lower portion of the lens is tilted backward, so giving to it an oblique direction from behind forward, and as the sound is carried upward over the surface of the cornea the lens is forced out through the wound. If the nucleus of the lens has escaped, but some cortical substance remains, the same manœuvre is to be repeated. If the cataractous mass which remains shows no tendency to move, the eyelids are closed, to allow of a new collection of aqueous. This having taken place, the cornea is then rubbed from below upward, with the spatula upon the upper eyelid, which has been drawn down over the cornea, or direct pressure is made by the finger upon the lower portion of the cornea through the lower eyelid, especially at its margin. If these means should fail, or vitreous present while the nucleus and cortical substance remain, they are to be removed by means of a flat spoon.

The spoons (Fig. 4.) which are set on either end of the same handle, are oval, slightly concave, and as thin as possible, 4 mm. in width, and 6 mm. in length, and set at right angles to a neck 32 to 35 mm. in length.

After the operation, the wound must be cleansed and the lips adjusted; if iris remains in the wound, it must be carefully pushed back,

or what is better, drawn out and excised. Prolapsed vitreous is to be cut off close to the wound. It follows, from the construction of the above named instruments, and the method of operating, duplicates (right and left) are required of the knife, cystotome, spatula and spoon, with but one sound and Daviel's spoon.

It will be seen that this operation differs from that of Graefe's (the one now generally preferred), in the position of the section, the knife used, as well as the modifications in the several instruments. The advantages of this method are as follows:—

1. The formation, as nearly as possible, of a linear wound of large size for the largest cataracts.

2. The possibility of having the bulb fixed during the entire act of operation.

3. *The more or less complete retention of the aqueous humor, until the entire section is finished.*

4. In the comparatively slight increase in intra-ocular pressure during the section.

5. The easy exit of the cataract.

6. In the *advantages* afforded for the *after treatment*, which is less annoying and exhausting.

Since the beginning of the year 1873, the Professor has performed this operation 120, and Dr. Klein, his assistant, 40 times, and we are informed by the latter that the results so far have been better than by Graefe's method. To be sure, the patients are more liable to keratitic processes, but less apt to suffer from iritis, cyclitis, etc., as well as secondary cataracts. The method is recommended, so we simply give it in full, as we have received it, adding that the cases in which we have seen the results have been most favorable, but the patients have not been able to be out of bed any sooner than those we saw operated upon according to Graefe's method, at the New York Ophthalmic and Aural Institute.

Dr. Isidor Schnabel, former assistant of Professor Jaeger, has given one of the most complete and satisfactory courses on "Refraction and Accommodation," as well as "Pathology and Treatment of Diseases of the Eye," and we would strongly recommend him as one of the most competent of the many teachers.

Dr. Otto Bergmeister, former assistant of Professor Arlt, and now lecturer (privat docent), has also given a series of excellent courses on the external diseases of the eye and their diagnosis, and with the operative courses by Dr. H. Sattler, the present assistant, the student has had every opportunity of thoroughly learning the details of the methods employed in what is known as the "Arlt School."

In our account of some of the different departments in the K. K. General Hospital, we neglected to mention one of the most important, particularly for those who intend visiting this place for study, and that is the Laboratory for Histology and Embryology, under Professor S. L. Schenk.* In it are accommodations for about forty students; the arrangements for practical research and experiment with the microscope are most excellent, each one having his table, etc., where he can work under the special care of the Professor and his assistant (Dr. J. V. Rohon). Lectures on Embryology, with demonstrations from microscopical preparations, are given weekly by Professor S., who is a well known authority on this subject, and those who are interested in this branch can find no better place for prosecuting their studies. There is abundant material in the way of animals, besides fish breeding apparatus, miniature trout ponds, from which may be had embryos of every age. At present every place is occupied, and at least two-thirds of the students are Americans, with whom, on account of his genial manners, the Professor is a universal favorite.

Through a colleague, we learn that one of the most interesting and truly instructive courses is that given by Prof. von Patruban, on surgical anatomy. The lectures, besides being spicy, on account of their particularly practical character, are garnished with valuable hints concerning surgical operations; which hints, are suggested by his varied and extended experience. His lectures on the development and anatomy of hernia were of particular interest, and his memory, in describing all the minute points in anatomy, with its history, is wonderful. This semester is drawing to a close, and the requisite month of holiday will soon be taken advantage of by the students as well as the faculty.

The winter has been a busy, and as far as the weather is concerned, a severe one, especially for the foreigners, and we find the Americans, *en masse*, are seeking the sunny climes of south Italy, and the festivities of Easter, in the Roman capital. Very truly yours,

CHAS. S. TURNBULL, M. D.

*"Vergleichende Embryologie der Wirbelthiere," Vienna, 1874.

DOMESTIC.

Corrections.

ED. MED. AND SURG. REPORTER:—

Please allow me to correct some errors made in the notice of the "Transactions of the Medical Society, of Virginia," in your issue of to-day (p. 333).

1. The *Virgina Medical Monthly* is *not* published through the labors of the Medical Society of Virginia. It is purely an individual enterprise, and is conducted independently of any society, corporation or institution. That it has received the endorsement of the Medical Society of Virginia, was a compliment unexpected by the editor, but one which has been appreciated and acknowledged.

2. There are only *two* flourishing medical colleges in the State, viz., the Medical Department of the University of Virginia, and the Medical College of Virginia, in Richmond. There is no medical department connected with that very excellent academic college, Hampden Sidney.

3. The present Medical Society of Virginia is not a *re*-organization, except in an accommodated sense. It is a *new* organization, and has fallen heir to none of the property of the former organization. Very respectfully,

LANDON B. EDWARDS, M. D.

Richmond, Va, April 24th, 1875.

NEWS AND MISCELLANY.

American Medical Association in 1876.

On motion of Dr. Pepper, the Philadelphia County Medical Society extended, at its last meeting, a unanimous invitation to the American Medical Association to meet in this city in 1876.

Northern Medical Association of Philadelphia.

A Stated Meeting will be held at the Hall of the Northern Dispensary, 608 Fairmount Avenue, on Friday Evening, May 14th instant, at 8 o'clock. Subject for Discussion, Diphtheria. To be introduced by Dr. S. H. Griffith. Medical profession, cordially invited.

CHARLES CARTER, *Secretary.*

Medical Society of New Jersey.

The 109th Annual Meeting of the Medical Society of New Jersey, will be held in Congress Hall, at Atlantic City, on Tuesday evening, May 25th, at half-past 7 o'clock, and will continue in session the following day.

WM. PIERSON, Jr.

Personal.

—Two physicians in Quincy, Illinois, have been sued by a patient on whom they operated for hernia. The declaration states that the defendants conducted themselves in an ignorant manner, by unnecessarily, wantonly, improperly and unskillfully performing a surgical operation on the body of plaintiff, by cutting through the flesh of said plaintiff into the cavity and through the left lower region of the abdomen, and in an unskillful manner the defendants took and removed from the cavity of the abdomen of plaintiff 25 feet of bowels, by reason of which ignorance his recovery is greatly impeded!!

—The death of Dr. William Beattie, at the age of eighty-two, is announced. He was an intimate friend of the poet Campbell, whose life he wrote, of Lady Byron, Rogers, the Countess of Blessington, and other famous persons. He wrote much himself, both in poetry and prose.

—After almost endless negotiations with various professors, which have always fallen through, it seems to have been finally decided that Prof. Heschl, of Graz, a former pupil of Rokitansky, shall succeed him in the chair of Pathological Anatomy.

—Dr. Alexander Göschen, editor of the *Deutsche Klinik*, died recently, somewhat suddenly, of pneumonia, in the sixty-second year of his age. He founded the *Deutsche Klinik* twenty-six years ago, and edited it to the time of his death; it being the first great medical weekly journal ever established in Germany.

OBITUARY.

DR. ADDISON NILES.

Died, in Quincy, Illinois, on the 5th of April, 1875, of tuberculosis, Addison Niles, M. D. He was born at Prattsburgh, Steuben county, New York, April 26th, 1812. He studied medicine with his father, Dr. Noah Niles; attended lectures and received his degree at the Medical College of Geneva, New York, in 1835. He practiced his profession with his father until 1845, when he took another course of lectures at the Jefferson Medical College, Philadelphia, Pa. Removed in 1856 to Lockport, New York, and finally settled in Quincy, Illinois, in 1861. Dr. Niles was first married in 1835, to Martha Mills, at Naples, New York, and by her had three children. His wife dying, he was again married in 1848, to Eliza C. Whiting, of Bath, Steuben county, New York; had two children by second wife. He became a member of the Masonic order in 1855. Was a member of the Episcopal Church until 1872, when he joined the Catholic Church, in which faith he died. Dr. Niles organized the Quincy Medical Society, and was elected President of the same for several years. He united with several other physicians and organized the Medico-Pathological Society. He was its President for one term.

Dr. Niles was a very studious and diligent physician. He devoted every moment of his time, when not professionally engaged, in reading and improving himself. Personally, he was a kind and good man, and devoted to his family. As a physician, he enjoyed the confidence of all who came in contact with him. He was a very careful and successful practitioner, untiring in his efforts to make out a correct diagnosis of his cases. He was a man of strong convictions, slow to arrive at conclusions, but once convinced that he was right, nothing but absolute proof to the contrary could change him. His ideas of right and wrong were paramount to everything else. In his intercourse with his professional brethren he was very exact, conscientious and courteous. He had and deserved to have, quite a large practice.

In his death, the medical profession has lost a good member, and society a useful and honest man.

P. A. M.

E. D. SHARPE, M. D.

On the 25th of March, 1875, at his residence in Rimersburg, Clarion county, Pa., Dr. E. D. Sharpe, in the 33d year of his age. He retired in comparative good health in the evening, and died before the next morning, without any apparent cause.

Though yet a young man he had established a good practice, and bore an unblemished reputation. He was universally beloved and respected, for his uniform kindness toward those he came in contact with, and for his gentle affability of manners. His loss is deeply mourned by a sorrowing community.

THE

MEDICAL AND SURGICAL REPORTER.

No. 949.] PHILADELPHIA, MAY 8, 1875. [Vol. XXXII.—No. 19

Original Department.

Communications.

TWO CASES OF NEPHRALGIA WITH CALCULUS.

BY A. P. BROWN, M.D.,
Of Jefferson, Texas.

W., aged thirty; printer; intemperate; came under my treatment complaining of nephralgia. Had anasarca, and pulse, color of skin, and general appearance denoted septæmia, with breaking down of the vital powers. Ordered generous diet, moderate exercise, and daily ablutions for the entire body, and gave citrate of iron before each meal, with

℞. Fluid extract hydrangea, ℥j
Soda bicarb, ℥j
Elixir citrate lithia, ℥v. M.
Sig. Teaspoonful five times daily.

Patient took this medicine regularly for ten days; voided a very large stone during micturition; relieved at once, and has had no return of the nephralgia.

P., merchant, aged thirty years; temperate and very active; was wounded by being struck by a piece of shell, which drove his canteen into the left side, wounding left kidney. Nine months after several pieces of the tin canteen were removed from near his kidney; parts healed, leaving very little scar. Ten years afterward I was called to see him in a case of bilious remittent fever, in this city, and he recovered, but with almost constant nephralgia. I gave him

℞. Fluid extract hydrangea, ℥ij
Elixir citrate lithia, ℥vj. M.
Sig. Teaspoonful five times daily.

Pain was relieved, and a brick-dust sediment was found in the urine, and by pouring out the contents from a glass goblet, and allowing it to remain a few hours inverted, beautiful stalagmites and stalactites of octahedral crystals of oxalate of lime formed, from a quarter to one and a half inches long, and showing under the microscope stars, fans, rods and dumbell shapes; these were colorless, which is the distinctive difference between the lime deposits and the orange brown colors of uric acid. After taking the medicine two weeks, patient passed a large stone during micturition, and has had very little trouble since (two years), and he tells me that whenever any of the pains about the kidneys recur, a few doses of the prescription eases the pain and clears up the urine.

I hope this may be of some benefit or interest to the profession.

REMOVAL OF THE RIGHT LOBE OF THE THYROID GLAND, FOR CYSTIC DEGENERATION.

BY DRS. MILLIOAN AND TUPPER,
Of Wabasha, Minnesota.

At the annual meeting of our State Medical Society, held at St. Paul, in February last, Dr. Otis Hoit, of Hudson, Wisconsin, gave a verbal description of how he has repeatedly removed the thyroid.

Professor Gross and many other eminent American surgeons do not approve of any operation for its extirpation, and consider it "an expedient fraught with the highest risk to life." Dr. Greer, of New York, and other Eastern surgeons, have, of late years, removed

the entire gland successfully, and we consider that, notwithstanding the eminent authority against operative procedure, it is not only right and just to extirpate the gland, but it is really justifiable, and should be performed in every case after medical treatment has failed.

The patient was a lady, American, 40 years of age, and married.

For a number of months an enlargement of the right lobe of the thyroid had been noticed by the patient. It was not painful, and caused very little difficulty in breathing or swallowing. Yet, the patient being of a highly nervous temperament, it gave her a great deal of anxiety, and at her earnest request, was removed.

The patient being thoroughly anæsthetized, an incision was made about two and a half inches long, over the seat of the enlargement, the gland seized and carefully cleared from all attachments, the ecraseur applied, and slowly made to cut its way through. There was no arterial hemorrhage, and the free venous oozing was readily controlled by the persulphate of iron.

The organ was found to be the seat of a large serous cyst, deeply imbedded in its substance.

The wound healed kindly, and she is now, four weeks after the operation, quite well.

INFANTILE CONVULSIONS.

BY F. K. BAILEY, M. D.,
Of Knoxville, Tenn.

The following case is added as an appendix to one reported in your columns several years ago. The patient was a child of African parents; four months old; male; of previous good health, fat, and of good size. March 14, 1875, reported at 9 o'clock, P. M., as having convulsions. I sent calomel and ipecac, to be followed with castor oil.

March 15th, 11 A. M. I called and found the child had had convulsions at times, till thirteen had occurred. Lying in a deep sleep; pupils about normal, but not influenced by light. Pulse 130 or more; skin hot; bowels had moved freely after taking the medicine sent last night. Prescribed as follows:—

R.	Brom. potassii,	℈ij	
	Hydrat chloral,	℈j	
	Fl. ext. valerian,	ʒj	
	Syr. simplicis,	ʒvij	
	Syr. rhei aromat.,	ʒj.	M.

Sig. Teaspoonful every three hours.

I notice that the anterior fontanelle is abnormally open. The front commissure is a little above the level of the eyebrows, and extending posteriorly; the opening reaches the coronal suture. Upon the top of the head the width of the opening is nearly three inches. The scalp is tense over the opening, and scarcely yields to pressure.

March 16th, 7.30 A. M. No convulsions since daylight, and an abatement after 2 o'clock, A. M. Less heat about the head, but there is stupor. Bowels somewhat open, and swallowing is accomplished without much trouble. To continue the mixture every three hours, unless fits should recur, in which case it is to be given every two hours.

March 17th. Child died during the night, having remained comatose till the last.

It appears that the convulsions were suspended at one period after beginning to take the mixture, and if its use could have been commenced before congestion had occurred, recovery might have resulted.

In the REPORTER of April 15, 1871, I reported a case of infantile convulsions, treated with chloral. The above case was a child of the same mother, and in regard to the open fontanelle, I consider it a rare occurrence. In reference to the case which occurred four years ago, I will here remark that that child was unable to walk until it was more than three years old, and has had strabismus, to some extent, in both eyes, to this day. The head is unusually large, and the body small. The lower extremities are still weak and small, but the child can walk tolerably well. It was thought, for two years at least, that recovery was a misfortune, for appearances, both physical and mental, were very unpromising.

THE PRESENCE AND FORMATION OF VIBRIONES IN THE PUS OF ABSCESSES.

Translated for the MEDICAL AND SURGICAL REPORTER.

BY JOHN B. ROBERTS, M. D.,
Of Philadelphia.

At a recent sitting of the French Academy of Science, a paper with the above title was presented, which has some clinical interest. In investigating this subject, M. Bergeron made numerous experiments at the Hôpital de la Charité, upon patients suffering from phlegmonous and cold abscesses, the contents of which

had never been exposed to the air. In order to preclude, as far as possible, the introduction of vibriones into the pus, after it had been evacuated, he employed a solution of hyposulphite of soda, ten parts to the one hundred, a drop of which, if added to any preparation containing vibriones, will, he found, destroy or render motionless, all the animalculæ. This solution was employed to wash the skin in the vicinity of the abscess before it was incised, and to cleanse the instruments necessary for the performance of the operation. After the abscess was opened, the pus to be examined was received in small glass tubes, which had been previously plunged into the solution of hyposulphite of soda, and then warmed at the bedside immediately before the knife was used, so that scarcely a second elapsed for the admission of germs into the fluid. A microscopic examination of the pus obtained in the manner described was instantly made, under an immersion lens, and with an eye piece giving fourteen hundred diameters, the distilled water having been previously tested, to exclude any error from that source.

The experiments included three series:—phlegmonous abscesses in adults between twenty-two and sixty years; phlegmonous abscesses in children below eighteen years; and cold abscesses, such as coxalgia, chronic suppurative adenitis, etc., in all ages.

From his investigations, M. Bergerou draws the following conclusions:—

Vibriones are met with in the pus of abscesses without the system being necessarily profoundly affected, and without our being able to refer their presence to contact with the external air. We cannot allow, in these cases, that the vibriones penetrated into the centre of the abscess by the lymphatic system or by the circulation of the blood, for they were both intact.

The pus of phlegmonous abscesses in adults always contains vibriones; but if abscesses in children contain them at all, this must be the case more rarely, since he has not seen a single example of it. They are never found in the pus taken from cold abscesses, however, whether the patient be a child or an adult.

Vibriones may be considered as indicating a serious inflammatory state, and a certain tendency to decomposition of the fluids containing them, without exercising very often, however, a toxic action upon the economy. He, however, is far from rejecting the possible connection of vibriones with the pathogeny of purulent infection, and believes that their absence in the phlegmonous abscesses of childhood explains the fact that, in most cases, children are free from septicæmia.

And finally, the liquid which at present seems most appropriate for the destruction of vibriones is the solution of hyposulphite of soda.

Hospital Reports.

LONG ISLAND COLLEGE HOSPITAL.

SERVICE OF PROF. S. O. ARMOR, M.D.

April 16th.

Reported by Walter Lindley, M.D., House and Ambulance Surgeon, E. D. Hospital.

Dropsy.

The first case presented at the clinic to-day was a case of dropsy. The leading points in the clinical history of dropsy were clearly presented. It is not a substantive disease; it is a mere symptom, the result of some general or local morbid condition. This may consist in mere mechanical interference in the return of venous blood. This is a most common cause. The effusion will, of course, depend on the location of the obstruction. If the point of obstruction is the right side of the heart, we shall have more or less general dropsy. If on the left side of the heart, we shall have œdema of the lungs. The liver is a frequent seat of obstruction. When the portal vein is obstructed from any cause, we have ascites. In short, a local obstruction produces a local dropsy. We carry this general fact with us to the bedside, and find it verified by daily observation. Other elements also enter into the causation of dropsy, such as a feeble and relaxed state of the vessels and tissues, an unhealthy, watery condition of the blood, the withdrawal of nervous influence in connection with the vessels, deficient power of absorption on the part of the lymphatics, and, above all, disease of the kidney, by which albumen is allowed to escape into the urine. Now, in the sense of these general facts before us, let us examine the patient presented to us to-day. You will remember this case as having been before you at our clinic during the early part of the term. We learn from the patient that he is æt. forty, a laborer, and has suffered from rheumatism; and in seeking for the cause of his dropsy, we very naturally found it in obstructed cardiac circulation, for there is an intimate relation between rheumatism and heart disease. Gentlemen of the clinical section of to-day will have the opportunity of locating a so-called valvular murmur. The first fact that will attract their attention is, that the morbid sound is heard over the apex of the heart, and that it is synchronous with the contraction or systole of the heart. These two facts settle the matter—

first, that it is a mitral murmur; second, that it is a regurgitant murmur. Now, as the result of this constant regurgitation, there is a chronic passive hyperæmia of the lungs. They cannot empty themselves of their circulation, and the consequence you see. The patient is short of breath; has labored breathing; is restless, and presents a general puffy appearance. On further examination, you detect extensive, moist crepitations in the lung substance, the result of pulmonary œdema; and since the patient was last here, the effusion has been extending to the limbs and cellular tissue generally. A fortnight ago we put this patient on a solution of iodide of potash in the infusion of digitalis, sustaining him at the same time with tonic doses of quinine. But, notwithstanding our medication, the dropsical trouble has steadily and gradually increased, and he presents himself to-day an opprobrium to our art. For reasons that then appeared to me satisfactory, I desired to give the patient the benefit of a thorough saturation in the iodide of potash. But I now propose to go back to a good old treatment for dropsy, popular a quarter of a century ago, and like many good old things, lost sight of in the eager pursuit of something newer and better. I allude to the old-fashioned combination of calomel, squills and digitalis. For general anasarcous dropsy, complicated with pulmonary œdema, I never have found anything else half so reliable. I prefer, however, to give the calomel and squills by themselves, and the digitalis in infusion. I regard this as an improvement on the old combination. There is something in the action of mercury in equalizing abdominal circulation, and thereby promoting secretion and absorption, that we find in no other agent, and, when combined with digitalis, it is one of our most valuable diuretics, although, of course, we must be careful to avoid the constitutional action of the drug. In this connection, let me call your attention to purely local dropsies in closed serous sacs. What can we accomplish by drugs in the removal of such accumulation of fluid? In my judgment, almost nothing. It is worse than folly to be constantly medicating patients to get rid of such accumulations. After a time we wake up to the fact that we have, perhaps, ruined the patient's stomach, and accomplished nothing more, by our drugs. If the fluid is serous, let it alone, it will take care of itself. If it is purulent, remove it with the aspirator, and attend to the patient's general health.

Hypertrophy of the Heart.

While on the subject of heart disease, let me present you another interesting case. This lady is, as you observe, very slender, her muscles thin and flabby, and she has great disturbance of circulation. Our attention is at once directed to her heart, and what do we find? The first thing that attracts our notice, is the unusual impulse of the heart. You can observe, even at a distance, the strong impulse, as I apply my hand to her chest, and this impulse, let me say to you, is widely extended. This slender lady has a heart large enough and strong enough for a giant. But notwithstanding the remarkably strong impulse of the heart, the patient has a singularly feeble pulse at the wrist; the arteries are badly filled. Now I ask you to carefully note the facts in the order of their presentation:—first, strong heart-beat; second, feeble pulse at the wrist. In further exploration by the stethoscope, I find a murmur over the base of heart at the third interspace, and on tracing it I find it propagated upward, and more on the right than on the left side of sternum. Now what is it? My clinical section answer me that it is an aortic murmur. True, but is it a direct or regurgitant? When I state the further fact that I hear the sound in the systole of the heart, you at once answer that it is an aortic direct. But you did not really need to listen to the two sounds of the heart, to determine the question as to the direct or regurgitant character of the murmur; the imperfectly filled arteries completed the diagnosis. In aortic regurgitant representing valvular insufficiency, we have, as a rule, a jerking, abrupt, and hard pulse, with rapid "fall backs," sometimes described as "balls of blood shot under the finger." There is nothing of the kind in this case; the pulse is feeble. It is a typical case of direct aortic lesion, the tendency of which is to produce pure hypertrophy of the left ventricle, which compensates for the obstruction, so long as there is no degeneration. In a prognostic point of view, it is important that we make an accurate diagnosis in these cases. A direct aortic is one of the simplest and most harmless lesions of the heart; a regurgitant leads to speedy difficulty by the constant overstrain and consequent degeneration of the arteries. Now what shall we do for the case? Very little. Nature has been already kind to the lady, by strengthening the walls of the heart to overcome the resistance, and we had better not rudely interfere, with our cardiac sedatives and stimulants, as our fancy might dictate. It is a good and safe rule, never to interfere with nature when she is doing well enough. In this case we have no fault to find with her. All we have to fear is degeneration of the heart's walls; against that we should guard as best we can, and we can in no way do it better than by looking after the patient's general health. Her nutritive system should be well sustained. Her diet should be nutritious, such as eggs, meat, milk, etc. She should also take *moderate* open-air exercise. Beyond this general course, I have nothing to suggest. The heart, it is true, is acting with unusual vigor; but we must remember, at the same time, that the pulse is feeble. I can see no indication to either attempt to strengthen or restrain the heart's action, and I shall, therefore, follow the very safe rule already suggested.

Tuberculosis—Scrofulosis.

The next case I present you is one of great interest. It belongs to the order of constitutional diseases, and represents, with most

typical accuracy, what is known and recognized as the scrofulous cachexia. I ask you to look at the boy as he stands before you; and listen to the history of his young life, as stated by his next friend, for we are told that both his father and mother are dead. Scrofulosis is evidently a hereditary disease. This little patient has doubtless been in a pathological condition ever since the first evolution of the germ of his existence. He has been "born into the world half made up." A glance at his remarkably white skin, swollen abdomen, flabby, spongy flesh, large head, curved spine, pigeon breast, and enlarged lymphatic glands, shows at once the perverted condition of the nutritive system, and this perversion is peculiar to an illy balanced organism, which he has derived from his ancestry.

The relation of scrofulosis to tuberculosis, although an old question of debate, has been recently invested with peculiar interest. Heretofore, the views of Lænnec have prevailed, viz.: that "phthisis always depends upon tubercle." He regarded tubercle as a primary neoplasm, *i.e.*, a new formation of a peculiar character, and utterly denied that tubercular matter ever had its origin in inflammation. Lænnec had, and has to-day, many followers.

More recently, however, we have the "new views" of the German School, who teach that, in many cases, the disease is local, *i. e.*, due to causes acting directly upon the lungs, or to morbid conditions seated in these organs, and to this view, although educated in the Lænnec school, every day clinical observation more and more inclines me. You will have abundant opportunities to study the facts here, in most varied cases that will present themselves in our clinic; and I hope we may study them, not as partisans, but as seekers after truth. To Niemeyer, as a representative of German thought, we are indebted for the fact that tuberculous disease is seen in persons whose lungs or other organs contain old caseous deposits, the deposit of tubercle being a *secondary* condition. In comparatively rare cases, however, he confesses that tubercle may proceed from other causes, of whose nature we are ignorant. At the present time, therefore, according to the German school of pathology, tubercle is represented in two typical modes of appearance; one local and inflammatory, the other disseminated and constitutional.

Now, in the case before us, you notice a tendency to enlargement of the lymphatic glands. This irritable condition of the glands often escapes observation; it appears to come on spontaneously; it is often attributed to colds; whereas, in the background, if we carefully study the case, we shall detect the true scrofulous diathesis. It may first manifest itself in non-inflammatory engorgement of the lymphatic glands, in enlarged tonsils, eruption upon the face, otorrhœa, conjunctivitis, ulceration of the cornea, and tendencies to croup. All such constitutions in childhood, tend in the direction of pulmonary phthisis in more advanced life. I do not mean to say that the scrofulous diathesis depends upon "scrofulous material" in the blood. This view is almost universally abandoned, and I think justly so. The alterations that take place are evidently of an inflammatory nature; we have a low grade of inflammation occurring in a peculiar diathesis; there is a constitutional tendency to glandular enlargement from profuse cell formation, known by the modern term, "cellular hyperplasia." The tendency of this cellular hyperplasia occurring in scrofulous constitutions is in the direction of "cheesy degeneration," which degenerate material, when softened, is taken up by the absorbents and capillaries, carried to the lungs, and there deposited in the form of capillary emboli, and around these emboli tubercular matter is deposited. In some forms of pneumonia, especially chronic catarrhal pneumonia occurring in the scrofulous constitution, the same results take place.

Now, it may be asked, What good is to be derived from the change in views of the pathology of consumption? I answer that good things may always be expected to follow true things. Let us seek for truth, and trust to the practical application that may result therefrom. If we clearly recognize a consumptive diathesis, an underlying scrofulous inflammation that gives rise to the "infiltrated granular tuberculosis" of the older pathologists, it invests the disease at once with a larger element of hope. It puts us in the way of adopting a more rational prophylaxis. It suggests the importance of regulating all the agencies by which we live, such as diet, muscular exercise in the open air, sunlight, and such medicinal substances as strengthen and build up the nutritive system.

With children showing a tendency to scrofulosis in early life, a rational and efficient hygienic influence should be insisted upon and carried out to the fullest extent. The "new views" stimulate us to new endeavors to devise means for the arrest of this fearful malady; whereas, according to the old view, it is useless to attempt, even in the early stage of the disease, any rational therapeutics, as the lungs are the seat of a neoplastic deposit, the structural changes are beyond the reach of art, the result is merely a question of time. For this little patient we shall prescribe fresh air, an out-door life, warm clothing, good, nourishing food, with cod-liver oil and the hypophosphates.

In this connection, and before dismissing the patient, let me attract your attention to two distinct forms of scrofulosis. In the one form there is over-production of fat in the subcutaneous cellular tissues; there is an indolent state of the processes of constructive and destructive assimilation; the expression is heavy and listless; the features coarse; the head large; the upper lip tumid; the abdomen swollen; the cervical glands enlarged; and the flesh flabby, spongy, and phlegmatic. In the other, the muscles are thin and soft; the weight light; the teeth handsome; the hair soft; the skin clear and white; there is a bluish appearance of the

subcutaneous veins, with a peculiar transparent condition of the sclerotica.

Authors have given to the first form described the name torpid, or phlegmatic: to the other, erethitic. Practically considered, one form is improved by cod-liver oil and the phosphorized fats; the other not. The torpid variety is improved by iodine and its compounds; the erethitic is not. There is no lack of examples of either of these forms of disease, and both tend in the direction of consumption.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY, STATED MEETING, APRIL 14th, 1875.

Dr. Francis Delafield, President, in the chair.

Cancer of Liver.

Dr. A. L. Loomis presented a specimen of cancer of the liver, with the following history:—

A woman, aged fifty-nine, came under observation in March, 1874. She had always been healthy until three years before, when she began to complain of obstinate constipation and pain in the epigastrium, but had not then kept her bed. When seen, the pain in the epigastrium was constant. She was vomiting, constipated, and, at times, drowsy to apparent coma. A physical examination of the abdomen revealed an enlargement at the epigastrium. On percussion, there was dullness two and a half inches below the ribs, on a line with the right nipple, and extending four inches to the left of the median line. The liver was smooth and not nodular. Fatty degeneration of the liver was diagnosed.

The patient was again seen two months later. The tumor in the epigastrium was irregular, and the size of a normal spleen. It was thought to be composed of impacted fæces, and the case was treated accordingly, but the tumor did not disappear. Suspicions were excited as to the presence of either of the following diseases, viz, cancer of the liver, hydatids, or disease of the stomach. The patient passed out of observation for six months, and at the end of that time presented the same conditions and still suffered from constipation.

On March 1st, 1875, she was again seen. The left lung was the seat of pneumonia, while the right was œdematous. Soon afterwards she died.

Autopsy. The left lung was the subject of pneumonia in the second and third stages. The right was œdematous. The liver extended three inches below the ribs, and six inches to the left of the median line. On section, the left lobe was found to contain a tumor the size of a fist, and of a gelatinous consistency, imbedded in which was a smaller one, measuring about one inch in diameter. A microscopical examination showed the tumor to be carcinomatous.

Pott's Disease.

Dr. Otis exhibited the specimen of disease of the spine connected with the case he had reported at the last meeting, and read some additional notes and comments by Dr. Taylor, who had treated the subject by a mechanical appliance.

At the autopsy miliary tubercles were found in both lungs. On each side of the spinal column, at the seventh dorsal vertebra, a tumor was found, on penetrating which about one ounce of pus escaped. The specimen was then frozen, and the bodies of the vertebra were divided into vertical sections. The spinal cord was surrounded by pus, a fifth part of one of the vertebræ was diseased, and a good view was obtained of the early stages of vertebral disease.

The remarkable features of this case were, first, the tolerance, by the spinal cord, of destructive disease so near to it, when it had been found that out of three hundred and fourteen cases of spinal disease in hospital and private practice, 11½ per cent. were affected with paralysis, and that 17 per cent. of dispensary cases were similarly affected; and, second, the tolerance by the general system of a disease by which the spinal column is destroyed.

The destruction of the vertebræ, one after another, seems to go on by mere contact. Death rarely occurs *directly* from this affection. When it does occur during its progress, it is caused by the pus, which, in endeavoring to escape, finds its way into the pleura or peritoneum. When pus has not penetrated any of the cavities, but finds an exit from the body, death will not ensue. Therefore death may result from this disease *indirectly*, but not *directly*.

The president said that in hospital practice it was not infrequently found that paraplegia was produced from caries of the spine, and that death usually resulted from complications, and Dr. Loomis remarked that the complications were often renal.

Intra-capsular Fracture of Femur.

Dr. Sell presented a specimen of intra-capsular fracture of the femur, with a history as follows:—

D. M., aged 76, fell on the right side of his body. On examination, the right foot and knee were found to be everted, and there was some shortening. The patient's habits had never been intemperate, nor had he ever contracted venereal disease. After the accident he was unable to stand or move. He was seen by several surgeons, and there was some dispute as to the nature of the injury. Some thought there was but a contusion of the hip, while others considered that fracture of the neck existed, the latter being divided in opinion as to whether the fracture was extra-capsular or intra-capsular. Buck's extension was applied; a diarrhœa set in, which was controlled by opium. The patient was comfortable, and without pain, except when moved. Some days later he died, having, but fifteen minutes before, had a con-

versation with his son, to whom he stated that he "felt comfortable." The upper sixth of the right femur was exsected, and the fracture found to be intra-capsular. The fractured portion was held together by a part of the periosteum, which was slightly ruptured, giving rise to effusion of blood into the capsule.

Fatty Degeneration of Heart—Parenchymatous Nephritis.

Dr. Satterthwaite presented a fatty heart and kidneys which had been the seat of parenchymatous inflammation, and had been taken from the body of a man aged seventy-one, healthy, and of active habits. The only disease with which he had previously been attacked was acute rheumatism, and this had left no ill effects. One year before, while in California, on a pleasure excursion, he had suffered somewhat from dyspnœa, after walking up hills. This, however, had soon passed away, leaving him as vigorous as ever. Seven weeks previous to his death he took a sleigh drive of twenty-five miles, after which he felt weak and exhausted. Two weeks later, while riding in a horse-car, he lost all consciousness, and did not know how he reached home. Stimulants were administered and he rallied. The family physician was called in, and found œdema of the lower extremities. There was feebleness of the pulse and of the apex beat of the heart. He passed two quarts of urine daily, which contained no casts, and had a specific gravity of 1012. Stimulants and tonics were prescribed, and his appetite remained good until within ten days of his death.

Autopsy. The body was well nourished, and its surface very pale. The lungs were œdematous, pericardium contained bloody serum, and the aorta was atheromatous. The heart was pale and flabby, and the valves thereof healthy. The tissue of the left ventricle was so fatty as to readily break down under pressure of the fingers, while that of the right was fatty to a lesser degree. A microscopical examination revealed a disappearance of the muscular tissue of the ventricular walls, except at the periphery. The liver was small and not fatty. The kidneys were encased in fat, and in a state of atrophy. The right one was soft and friable, its upper portion being very fatty. The softening was due to parenchymatous nephritis. On microscopical examination the tubules of the lower portion were found to be filled with granules. The left kidney was not so much diseased.

The interesting feature of this case was the fatty degeneration of the heart.

Dr. Loomis inquired as to the condition of the coronary arteries.

Dr. Satterthwaite replied that they had not been examined, and in answer to the president, said that the sarcolemma was filled with granular matter, having the refraction of oil globules. The form of the muscular fibres was preserved.

The president then remarked that it was difficult to determine, from a microscopical examination, how much degeneration is necessary to cause death. In all other cases of death resulting from a cessation of the heart's action, where there is granular degeneration of the ventricular walls, the same difficulty arises. In almost all hearts some granular degeneration is found.

Dr. Loomis said that the degree of danger depended more upon the size, or, in other words, the dilatation of the ventricles.

Distended Gall-bladder—Intestinal Nephritis.

Dr. Messenger presented specimens of distention of the gall-bladder and perinephritis.

A woman, aged 64, and weighing about two hundred and fifty pounds, had suffered from malarial fever persistently. Four years previous to death she had been attacked with sciatica, from which she had never entirely recovered. Her urine at that period became scanty and albuminous, and was of light specific gravity. She had suffered from vomiting, obstinate constipation and general pains, but had retained her flesh until within six weeks. The urine contained hyaline casts which were distinct but not numerous. The heart was not enlarged, but its beat, though normal, was indistinct.

There was extreme dyspnœa, but no moist râles were heard. A large swelling in the right iliac region was found. For the last two months of life the dyspnœa and vomiting became incessant, and on the 12th of April she died from exhaustion. Phlegmonous inflammation of the right side of the face was noticed two or three days previous to death.

Autopsy. The gall-bladder was large and greatly distended with bile. The pyloric end of the stomach, the duodenum, and the hepatic flexure of the colon were bile-stained. The large intestines, from the caput coli to the rectum, contained scybalous masses. The kidneys were the seat of chronic disease. The other organs were not examined, owing to objections on the part of the family.

Dr. Sell stated that this patient had been under his observation some seven years before. At that time she was examined for an abdominal tumor, but the case was then decided to be one of obesity.

The president remarked that the kidneys were in a greatly advanced state of chronic disease, and that the distention of the gall-bladder was due to some obstruction of the cystic duct.

Dr. Heitzman, who had examined the kidneys microscopically, stated that he had found interstitial nephritis, and that he had been astonished to hear of the finding of casts in the urine during life, as in that variety of kidney disease casts were rarely found.

Congenital Laryngismus.

Dr. Burrall, as a non-member of the society, requested permission to relate a case.

A female infant, weighing seven pounds, was born vertex presenting, there being nothing unusual about the labor. The head was flattened on the top; the second and third phalanges of one hand were wanting, and there was an ante-

rior curvature of the sternum. The breathing was stridulous and resembled the cry of a young chicken. After a few days it became louder and somewhat croaky. There were spasms at night. The aeration of the blood was well performed.

A laryngoscopic examination was made by Dr. Lefferts, but with great difficulty, owing to the smallness of the parts. No obstruction, however, was found.

On the twelfth day, March 24th, the child had been indisposed to take nourishment, grew weaker on the 25th, and died on the 26th, fourteen days after its birth.

Autopsy. The body was pale and well nourished, *and the larynx normal.* There was engorgement of the lower lobe of the left lung.

The causes of this disease are obscure. According to McKenzie, it may be due either to contraction of the adductors of the larynx, to disordered functions of the brain, or to pressure upon the laryngeal nerves.

THE NEW YORK NEUROLOGICAL SOCIETY.

At a meeting held on the 5th of April, Prof. F. D. Weisse said that physicians, in his opinion, should review their ideas regarding the so-called

Diseases of the Skin.

His own experience has led him strongly to favor the French theory, in so far as they regard affections of the skin to be merely symptomatic. He had long taught, with reference to this class of lesions, that they should not be called diseases proper, but that they should be regarded simply as symptomatic conditions, excepting, of course, the neoplasms that occur in the texture of the skin, as well as other locations of the body. He would be inclined to regard the neuroses of the skin as simply symptomatic manifestations of some neurotic disturbances or lesion; and so far as their local treatment is concerned, very little benefit is to be obtained when the neurotic origin cannot be reached, and therefore, he prescribes local measures only for temporary comfort, and at the same time to satisfy the craving which all patients have, of wanting to do something to the skin.

The curative measures, when the skin symptoms are of a neurotic origin, should, of course, be a rational and systematized treatment, directed to the neurotic cause. The symptomatic lesion of the skin could be properly grouped into 1, local affections; 2, developmental affections; 3, hæmatic affections or skin affections depending upon some dyscrasia; 4, neuroses. It has seemed to him, that of many of the so-called neuroses of the skin, we are to look for their solution in the fact that the nerve filaments of the skin are directly irritated, either by special articles of food, or by malassimilation, occurring from some disturbing influence, the skin is called upon to eliminate something that is foreign to its eliminative office, thereby irritating the sensitive element of the skin, namely, its nerves. The hæmatic affections of the skin undoubtedly depend upon mal-assimilation. Psoriasis, never, in his opinion, is of neurotic origin, and therefore, cannot be placed in the group of neuroses. While there are cases that may be brought forward as illustrations, antagonizing the fact that certain affections of the skin seem to have a special neurotic etiology, he could not think that these cases militate against the propriety of classing certain symptoms of the skin, or so-called diseases, as neuroses, proper.

There is a certain class of patients who present themselves to the dermatologist, who should, perhaps, consult those engaged in purely neurological practice. They are those whose nervous organization presents a peculiar susceptibility. Thus, their nervous system appears to be the portion of the body most vulnerable. They seem, at times, to have a peculiar tendency to the development, upon the slightest irritation, from mal-assimilation, from whatever cause, of cutaneous lesions. Indeed, it has been stated and held, by some dermatologists, that eczema itself has a neurotic etiology.

With reference to special affections, it seemed to him that urticaria is more especially a condition dependent upon the effect of mal-assimilated ingesta; that the effect upon the skin is not through a reflex neural influence, but by the absorption into the blood of the peculiar irritating material to the skin, be it strawberries, shell fish, etc. This material being taken up by the blood, attempts to make its exit through the excretory channels of the skin, and produces a local irritation thereof. Now it does not seem necessary to go back of this line of argument to look for a special neurotic origin for urticaria. As it more frequently presents itself to us, it depends upon something which has been eaten, or upon mal-assimilation.

The treatment bears upon this theory. It is not directed to the neurotic character of the affection, but to the bringing into action other eliminative channels. When these have been rendered active, the symptomatic urticaria disappears. On the other hand, in some patients, chronic urticaria is developed where there is a condition present of general sub-oxidation in the assimilatory symptoms. While the patient is in this condition, the slightest external difficulty, as exposure to a draught of air, change of clothing, and like causes, will lead at once to a tendency to elimination in the wrong direction, as, indeed, a checking of the eliminatory processes, which leads to a cumulative effect of retained excreta on the skin, thus called upon to eliminate them, and urticaria is the result.

With reference to alopecia areata, which is sometimes regarded as a neurosis, because it is developed in cases where there has been a great strain upon the nervous organization of the patient, or where the patient has a feeble nervous organization, he would hold to the local parasitic etiology of this affection. His own expe-

rience bears him out in this view, as he has yet to see a case of alopecia areata that will not yield to local parasiticide treatment alone. He has had typical cases thereof, and never resorted to internal treatment at all. He uses an appropriate parasiticide, and subsequently, after the parasite is stamped out, he is in the habit of resorting to an irritant to the skin, in order to favor a vascular supply to the hair follicles, that they may develop new hair.

Referring to zoster and zona, and the so-called herpes labialis, he would not classify them under the generic term herpes. We have an unfortunate nomenclature in dermatology, which has placed different affections under the same name. In the Dermatological Society of this City (New York) a movement is on foot with reference to the formation of a nomenclature of skin diseases which will present to the medical profession of the United States a rational nomenclature, wherein one name will mean one recognized affection only. When it is finished, the Society intends to present it to the profession of the United States for ratification. But to return to herpes labialis; he is rather inclined to take the view of the French writer, Coutagne, regarding the vesicles that present themselves upon the lips in a person having a slight cold, sore throat, and kindred symptoms, that it is, to a certain extent, an exanthematous lesion. In all cases, he has found that these patients are extremely susceptible to disturbing influences; their assimilative processes are easily deranged by cold, and the lips and buccopharyngeal mucous membranes are, with them, the most frequent territory for the evolution of the symptomatic lesions.

He would call attention to our recognition of the signification of the term territory, and he would give it a wider and more clinical import than Virchow gives it. He would recognize not only the cell territory, but a vascular and nerve territory. In so doing, it is possible to explain the connection of the development of vesicles upon the lips, in cases where there exists inflammatory disturbance of the buccopharyngeal mucous membrane.

Herpes zoster, undoubtedly, is merely a symptom of nerve lesion, and it seems to be entirely futile to resort to local applications, except for the purpose of protecting the vesicles, and satisfying the patient that something is being done externally.

He would also regard both pruritus and prurigo as symptoms. Of course, in prurigo, there is a positive cell hypertrophy present; while in pruritus, there is, seemingly, no positive cell lesion. He would be inclined to classify both, however, as neuroses.

He would thus accord to the skin all its neurotic proclivities, because of its extensive nerve distribution, thereby presenting a theatre or field for the development of a great many neurotic symptoms. He would be inclined to recognize that in all specialties patients present themselves with that peculiar general neurotic condition which Dr. Anstie has spoken of so clearly in his later writings, and has recognized as a positive neurotic diathesis. In these cases there seems to be an extreme susceptibility to disturbance of the nerve functions of the organization, by any cause manifesting itself symptomatically at the skin, the uterus, etc., according to the organic vulnerabilities of the patient.

Editorial Department.

Periscope.

On Addison's Disease.

After a thorough study of this disease, Dr. J. Headlam Greenhow sums up, in the British *Medical Journal*:—

From these data, the following deductions may safely be drawn.

The occurrence of Addison's disease takes place almost exclusively in persons employed in active manual labor.

The mortality caused by it is pretty equally distributed over the laborious period of life, and to that period it is almost entirely confined.

The disease is comparatively much more frequent in persons of the male sex, whose employment naturally involves the heaviest kinds of labor.

Lastly, a preponderating number of the cases which occur in persons of the male sex are found amongst those classes of laborers whose occupations are most likely to expose them to bodily injury from accident or over-exertion.

The facts thus brought out cannot fail to suggest obvious inferences as to the probability that, in many of these cases, more or less temporary causes of local inflammation may have existed, similar to those which appear to have been the starting point of the disease in some of the cases to which I have specially referred. In persons of the working classes, strains and falls which do not involve disabling consequences are soon forgotten, and therefore seldom reported, whilst the necessity of striving against the weakness induced by a strain or blow may tend to keep up an inflammatory process, which would have naturally subsided under favorable conditions of rest. Without, therefore, venturing to speak dogmatically on a point which can only be cleared up by much future investigation, I may yet say that I incline to believe the

origin of Addison's disease, in many of the unexplained cases, to be due to traumatic causes, although its development has probably been favored by certain constitutional proclivities.

Very few words need be said here with respect to the diagnosis and prognosis of Addison's disease. The diagnosis is founded upon the constitutional symptoms, aided, in a large majority of cases, by the presence of more or less of the peculiar change of color in the skin. It is not always unattended with difficulty, but, to those who have any practical acquaintance with the disease, it is not, I think, more doubtful than the diagnosis of many other chronic diseases. The prognosis is, of course, invariably grave as regards the ultimate result, though it is impossible to say to what extent life may be prolonged under favorable circumstances. Rest and scrupulous avoidance of bodily or mental excitement, or any other causes of nervous exhaustion, form the essential parts of the therapeutical management of all such cases; whilst the diet and medical treatment must be carefully adapted to the inevitably varying phases of the disease.

On So-called Fatty Degeneration of the Heart.

As is known, Dr. H. Weber stated some time ago that, in so-called fatty degeneration of the heart, no increase of fat could be found on chemical examination of the diseased organ. Dr. Stevenson, however, has found 5 per cent. of fat, about twice the normal amount; and Krylow has also found a small but decided increase (4 per cent. in fresh, 20 per cent. in dried heart muscle):—

Dr. Wilks remarks on this, in his recently published *Pathological Anatomy*, "Nevertheless, the amount of increase is positively so slight as to make it probable that the granular appearance of the muscular fibres is due rather to a re-arrangement of their elements than to a large addition of fat, as was supposed before Dr. Weber's researches were published."

On general softening of the heart he remarks, "The heart is found soft when its *rigor mortis* has passed off, as you know from your experience in the dissecting room, where the heart is generally almost pulpy by the time you reach it in the usual course of dissection. You will, perhaps, remember that at the same period the spleen is very pulpy, and the vessels contain air-bubbles, while their interior is deep red or purple, from imbibition of serum stained red through solution of the corpuscles in it. These are phenomena that accompany decomposition, as you well know. Now, in some cases the softness of the heart is very remarkable when there is no sign of decomposition about the body generally. When this is the case you will find the spleen more or less pulpy, and the vessels deep red within, and containing air, just as in advancing decomposition. The course of the vessels under the skin is then marked by purple lines, and the trachea and bronchi are stained intensely red. We have known this change supervene in five hours after death, and that in winter time, when the weather was cold, and when no signs of decomposition appeared in other bodies kept for several days. By considering the kinds of cases in which this early decomposition of the blood and softness of the heart and spleen appear, you will find that it is more common in fevers, in persons who have died obscurely in two or three days after great surgical operations, or in persons who have died by coma in jaundice, that is, in short, when there are other reasons to believe that death was caused by changes in the blood. Speaking generally, we should say that marked softness of the heart is an index of changes in the blood, and goes with pulpy spleen, red endarterium, and at last air-bubbles in the vessels.

"Such pulpy softness of heart is of great importance among the signs of blood changes; so that when it supervenes very early after death, when the rest of the body is free from decomposition, there is great probability that the unusual condition of the blood thus declaring itself was in progress during life, we would not say to the extent of forming air within the vessels, but this may happen. We have had occasional evidence that emphysema from decomposition, *without any gangrene*, may be found commencing during life, and the same gaseous exhalation may continue after death. In these cases the softness of heart, etc., may come on exceedingly quickly, being complete in a few hours.

"But we have no knowledge of the state of softening of the heart to which some authors on the heart devote a chapter, ascribing special symptoms to it. Softness of the heart is important, but its importance is indirect as an evidence of febrile blood-changes, blood solution (Blutlösung)" (p. 118).

The Mental Condition in Tuberculosis.

Dr. J. Batty Tuke says on this subject, in the Dublin *Medical Journal*:—

We have to thank Dr. Clouston for the first description of what he calls the insanity of tuberculosis. His conclusions have very severely been called in question, but I, for one, maintain a belief in their accuracy and value. The symptoms of their form in no way partake of the character of the spes phthisicorm or euphoria, although in some respects there is a resemblance between the want of fixity of purpose of the uninsane tubercular subject and that of the mentally afflicted one. To quote Dr. Clouston's own words, the symptoms may be described as "a mixture of sub-acute mania and dementia, with a great disinclination to exert the intellect; occasional unaccountable little attacks of excitement, and a disinclination for work or even amusement; pervading all is a strong tendency to be suspicious." As to the pathological anatomy of this form of insanity, little can be said. Tubercular deposits on the surface of the brain or in the tissues are as rare in the insane as in the sane adult, and as yet the microscope has contributed no fact bearing upon the immediate

question, although it presents a hopeful field of research. There are many very interesting points in connection with tuberculosis associated with insanity, which will be fully discussed when we take up the question of the corporeal symptoms of insanity and the influence it exercises in modifying other forms of disease.

The Significance of Involuntary Evacuations in Apparent Health.

The subjoined valuable observations are from a lecture in the *Irish Hospital Gazette*, by Dr. Lyons:—

You will ask me what importance I attach to the passing involuntarily of urine and fæces after the restoration of consciousness. I always attach great importance to that condition, and for these reasons:—It is only to be accounted for by some extreme depression exercised on the pneumogastric and sympathetic nerves, and that influence can only be exercised by some very limited cause acting at the base of the brain.

The passage of urine and fæces involuntarily I have known to present itself as one of the earliest symptoms in cases of slowly-forming tumors at the base of the brain. I well remember one very painful, lamentable, and indeed tragic case, in which this was the first noticeable symptom in what proved to be a prolonged history of a case of slowly-forming tumor at the base of the brain. A gentleman, who was engaged to be married, was standing up to dance in a drawing-room, when the sphincters gave way, and the involuntary passage of fæces took place, and singular to say, he was quite unconscious of it himself. Friends standing by were shocked, and hurried him from the room. He expressed the greatest astonishment when told what had occurred. Nobody seemed able to make out what was the matter. Some thought he must have been tipsy, but it was no such thing, for he was a man of singularly abstemious habits. Curious to say, he recovered voluntary power over the sphincters, and some time elapsed before this accident occurred again. In my experience, this symptom, which is often overlooked, is one of the earliest as well as most dangerous of those occurring in slowly-forming central disease of the brain. I remember another case, in the person of a member of our profession, with whom I was driving to a consultation, when the same unpleasant accident occurred. He seemed perfectly unconscious of it, and had at the time no cerebral disturbance of any kind. In about two years subsequently he died of slowly-forming centric disease of the brain. In the other case there was occasional recurrence of this symptom, and then the diagnosis of deeply seated tumor in the brain was made. He then was confined to bed; paralysis slowly forming ensued, and he died at the end of two and a half years from the first incident in the ball room. On *post-mortem* examination, a tumor about the size of a small walnut was found lying at the base of the brain, projecting upon the pons, pressing a little upon it, but not destroying its substance. There is no doubt that it was just at the very incipient condition of this tumor that the accident occurred, from partial irritation at the origin of the pneumogastric nerves.

On Nervous Headache.

In this painful complaint, says the London *Medical Record*, M. de Chégoin has verified the dilatation of the arterial vessels of the encephalon and the face during attacks of nervous headache, and considers it as an arterial neurosis. Its starting-point is in the great sympathetic, its precise seat in the nervous filaments which accompany the arteries. Its material phenomena are seen in the dilatation of these vessels, and in the compression it produces on the brain and the other organs, for, in a true fit of intense nervous headache, patients suffer thus universally, the hands are swollen, the muscles painful, and movements of the joints distressing.

M. Hervez de Chégoin concludes, from these facts that the treatment should be directed against the distress of the nervous system of the great sympathetic, and against the resulting arterial dilatation, which in his view constitutes the essential characteristic of the disorder, in which it is necessary to distinguish three things, the intermittent character, the pain, and the arterial dilatation. A special therapeutic treatment, founded on the rigorous appreciation of and reasoned out from these elements of the disease, leads to the good results which have been obtained by the administration of pills composed as follows:—

Sulphate of quinine, tannin, each 5 centigrammes (0·75 grain), aconitine, 1 milligramme (0·015 grain) for one pill. One of these pills is given during the day; but some patients, having of their own accord exceeded this dose, take as many as three or four of them daily, with marked benefit. Tannin, in particular, seems to have a special action, which explains the relief obtained by the use of certain substances which, like paullinia, contain it. This treatment, however, is incomplete, since it does not touch the intermittence nor the pain; these are met by substances contained in the pills for which the formula is given above.

Milk Diet in Gastric Ulcer.

The *Medical Press and Circular* quotes several cases of ulcer of the stomach cured by milk diet:—

Quite recently M. Siredey had an opportunity of observing a young man of three and twenty who had been sent to him as suffering from cancer of the stomach. He certainly had black vomits, but the vomiting, generally very copious, often brought up a considerable quantity of red blood. Pain was likewise complained of on a level with the xyphoid cartilage, and acute pain in the spine opposite to it.

These symptoms had appeared suddenly. Not finding any tumor, and considering the youth of the subject, M. Siredey concluded it was a simple ulcer of the stomach. He submitted the patient to a rigorous milk diet, and a rapid cure soon confirmed his diagnosis. As soon as the vomiting and hemorrhage ceased, the wasting and alteration of features which had been considered signs of cachexia diminished. During his sojourn of six weeks in hospital the young man increased fourteen pounds in weight.

A man, aged twenty-six, came under M. Siredey's treatment in the year 1873. This man had entered the navy at fourteen, and while voyaging about for four years had never been sick. During a sojourn of two years at Senegal, at the age of eighteen or nineteen, he had fevers, which lasted eighteen months. He was treated with ipecacuanha and quinine, and on the third day was seized with vomiting. Alcoholic stimulants, especially when introduced into the stomach, caused pain. Acute burning pain was felt on a level with the ensiform cartilage. The vomited matter sometimes consisted of food, sometimes was black, like coffee-grounds. After being under treatment for a considerable time he got well. Then, one day, as he was returning to France, the vomiting suddenly began again, and from this period he had numerous intermissions and attacks alternately of rest and of vomiting, with real hæmatemesis.

In 1872 he took a situation with a wine-seller, and frequently indulged in alcoholic potations, which appear to have singularly aggravated his complaint. In the month of January, 1873, the hæmatemesis returned, and he had to enter La Pitié, where he was six weeks under treatment.

In the month of April, 1873, he was again taken with hæmatemesis, after new alcoholic excesses. He then came to the Hospital Laribosière. The pain at the xyphoid appendix was acute; he vomited absolutely everything he took. Ice, milk with Vichy water, were vomited immediately after being ingested. M. Siredey then prescribed 150 grammes of raw meat (about 5 ounces), and 30 grains of pepsine wine (1 ounce). During ten days the patient had no vomiting, taking only ice instead of drink, and no other food except raw meat, increasing the quantity to 500 grammes, and following it up with the pepsine wine. He then tried to eat bread, but he soon vomited it up. Fifty centigrammes, or close to ten grains of diastase (made from barley) was then prescribed, to be taken after the bread, still continuing the pepsine wine with the meat. For five days there was no vomiting. It returned upon the patient taking a "tisane." After several days, the diastase running short, the lad was again taken with vomitings. These disappeared when he was able to get a teaspoonful of extract of malt at each meal.

After two months the patient left the hospital, in tolerably good condition, continuing to take every day the pepsine wine after meat, and the extract of malt after the bread. He was seen again, after the expiration of two months, in very fair health, with the exception of slight gastralgia and difficult digestion. He had gradually left off the extract of malt, but continued to use the pepsine wine, taking a dessert-spoonful at each of his repasts.

The Management of Uterine Cancer.

This subject received the attention of the London Obstetrical Society, not long since. The well known writer, Dr. Barnes, stated that after the experience of quite a considerable number of operations, he had arrived at the conclusion that the most effective as well as the most safe mode of dealing with cancer of the cervix uteri was by the galvanic cautery. If the diseased mass was projected into the vagina in such a manner as to permit of being surrounded by a wire, it should be removed flush with the vaginal roof. There was rarely any serious bleeding, sometimes almost none; now and then, if a small artery spouted, the use of the porcelain cautery of the battery had effectually stopped it. In those cases in which the disorder did not form a projecting mass, the button galvanic cautery could be moved over the surface, destroying the necrosed portion. Comparatively healthy granulations commonly followed. The so-called cachexia disappeared for a time; there was almost always freedom from hemorrhage for a time; and the general condition greatly improved. He had only known one casualty from the proceeding; a woman in St. Thomas' Hospital died a few days after operation, from peritonitis. In all the other cases reprieve and benefit were experienced. In one case the subject had two pregnancies, and she was alive five years after operation, although the disease returned. Dr. Wynn Williams stated that he usually employed the ordinary wire écraseur in preference to the electric cautery, as it was much more easy of application, especially if the tumor was large or irregular, because the electric wire was so thin. Then, again, the electric wire often burnt a good way around the burning wire, and if the cervix had to be taken away high up there was fear of injuring the attachment of the vagina and uterus, and so getting into Douglas' space from the after-sloughing, and producing death by peritonitis. He was not satisfied with leaving the case to heal at will after such excision. He waited four or five days, and then destroyed the surface again by means of bromine or the actual cautery, allowing the destruction to extend to part of the lining membrane of the uterus if he had reason to fear it was diseased at all; and then he had often expedited the healing process by a solution of gastric juice, which had a remarkable effect in bringing about cicatrization. This he had proved often, not only in cancerous sores, but in others which turned out very obstinate and difficult of cure by other means. The marked difference between it and the per-

chloride of iron in healing power could be seen often if we dressed a wound half with the iron and half with gastric juice, and he was glad to find that Dr. Barnes confirmed the healing power of this agent. A relapse would not justify cessation from further interference. A second operation often proved effective where the first had failed. Lastly, in cases of hopeless cancer, accompanied by fetor and loss of blood, and when a patient was dying a miserable death, he thought we should interfere. Destruction of the ulcerating surface often both stopped the general cachexia and gave great relief, and the patient gained temporary restoration of health. Where the hemorrhage proceeded from the cavity, he applied the persulphate solution of iron or the perchloride directly to the cavity, on lint; and more recently, by means of an instrument similar to that devised by Simpson for passing caustic into the womb, though larger, he introduced into the cavity, either after dilatation by sea tangle, or without, if the opening was sufficiently patent, the dry solid perchloride, with the best results. Sometimes the arrest of hemorrhage was instantaneous, and seldom gave rise to any trouble. Once only he had seen some metritis, which supervened and lasted three or four days. In any case he thought it was perfectly unjustifiable to leave even hopeless cases of uterine cancer to die a miserable death, and be a pest to themselves and others, in our present state of knowledge, when so much temporary relief could be given.

The Transmission of Syphilis.

A striking case is quoted in the London *Medical Record*, from Dr. Lewin, by Mr. Berkely Hill, in which a woman with a child at the breast, by giving suck to a syphilitic child, was inoculated herself, and subsequently infected her own child and her husband. The husband died, not very long afterward, from cerebral affections, which the *post-mortem* notes proved to be syphilitic. The woman was married to a second husband, who never had syphilis, notwithstanding that his wife had frequently syphilitic affections of the pharynx and larynx. Two children resulted from the second marriage, making her offspring three. The child of the first marriage, who had acquired syphilis at her mother's breast, was treated with mercury, and the symptoms disappeared. Nevertheless, she must have had further troubles, for when examined, there were found scars and adhesions of the soft palate, and a notch in the epiglottis. She, moreover, has suffered, from her sixteenth year, from lupus of the thigh, and periostitis of the os frontis and tibia, continually relapsing. At seventeen she married a man not previously syphilitic, who died a year and a half afterward, from tubercular meningitis. A premature child was born, who lived fourteen days. Two years later she was married again, and has now a child seventeen months old, who has scrofulous lichen and a gummy ulcer of the thigh. To continue the history of the children of the second marriage of the first woman; one died of syphilis at five and a half months; the other, now a girl aged thirteen, was healthy until her sixth year, when syphilitic eruptions appeared, which continued for five years. This family is a striking example of the long duration of the syphilitic poison, and how deeply it penetrates into the organism. Further, one of these cases shows that a child may inherit syphilis which will not become apparent for several years subsequent to birth. Probably many cases of ulcerating skin disease, especially lupus, are really manifestations of syphilis. Lastly, that hereditary syphilis can be derived solely from the mother, is also clearly shown by these histories.

The "Germ Theory" of Disease.

Dr. H. C. Bastian, in a recent lecture, summarizes, on this question, the principal facts and arguments on which a judgment may be founded.

1. The experiments of many investigators prove that the alleged causes of disease may be actually introduced into the blood-vessels of lower animals by thousands, without producing any deleterious effects in a large proportion of the cases.

2. Bacteria, if not actually to be found within the blood-vessels of healthy persons, do nevertheless habitually exist in so many parts of the body, in every human being, and in so many of the lower animals, as to make it almost inconceivable that these organisms can be causes of disease. In support of this statement, I have only to say, that even in healthy persons they may be found in myriads, in and about the epithelium of the whole alimentary tract, from mouth to anus; they exist throughout the air-passages, and may be found in mucus coming from the nasal cavities, as well as in that from minute bronchi. They exist abundantly amongst the epithelial *débris* within the ducts of the skin, not only in the face, but in other parts of the body. Fresh legions of them are also being introduced into the alimentary canal with almost every meal that is taken, whence they may perhaps readily find their way into the mesenteric glands, if not further within the system. And lastly, in persons with open wounds, bacteria are constantly to be found in contact with such surfaces, especially if the wounds be not well cared for, though the injured person does not necessarily suffer at all in general health.

3. It is no answer to these difficulties to say that there are distinct species amongst these lower organisms, some of which are harmless, though others are poisonous (or so-called "germs" of disease). In support of such opinion, nothing can be alleged save some of the facts whose cause is doubtful; whilst against such an interpretation may be brought the experiments of several investigators, showing that bacteria are the creatures of circumstance, and modifiable to an extraordinary degree. The last position is even admitted by Professors

Sanderson and Lister. The former acknowledges that they are "the lowest organisms," and that they are "much more under the influence of the conditions under which they originate and are developed than organisms of any other class," whilst Professor Lister's own work has compelled him to make an admission, which, in the face of facts previously stated concerning the wide distribution of bacteria within the body, seems fatal to a consistent belief in the germ-theory of disease. He says, "If the same bacterium may, as a result of varied circumstances, produce in one and the same medium fermentative changes, differing so widely from each other as the formation of lactic acid and that of black pigment in milk, it becomes readily conceivable that the same organism, which under ordinary circumstances may be comparatively harmless, may, at other times generate products poisonous to the human economy."

4. The consideration now to be mentioned suffices, in my opinion, to complete the discomfiture of the germ theory as an explanation of the mode of causation of the diseases with which we are at present concerned. It is this. It has been shown, on the one hand, that the virulence of certain contagious mixtures diminishes in direct proportion to the increase of bacteria therein; and on the other hand, it has been equally proved that fresh and actively contagious menstrua lose scarcely any of their contagious or poisonous properties after they have been subjected for a few minutes, when in the moist state, to a temperature which no living units can be shown to survive (212° F.), or after they have been exposed to the influence of boiling alcohol, which is well known to be equally destructive to all recognized forms of living matter. Such facts have been substantiated by Messrs. Lewis and Cunningham, Sanderson, and others.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——It appears that Dr. Churchill, of hypophosphite notoriety, has become an out and out charlatan. He has just published a work entitled "*Consumption, and the Principles of Stœchiological Medicine*," from which we take the following quotation, p. 400: "Just as, seventeen years ago, I claimed to have discovered a specific remedy for the tubercular diathesis, so now I deliberately assert that I have discovered *a specific remedy for all inflammatory conditions of the respiratory organs....*;" p. 406—"I have not stated, nor do I intend to state what these stœchiological inhalants are."

——Dr. Burggraeve, Emeritus Professor in the University of Ghent, and principal surgeon of the civil hospital of that city, has prepared, in commemoration of the first centenary of the invention of vaccination, a work entitled "*Histoire Générale de la Vaccine; ou, Monument à Edward Jenner, à l'occasion du premier centenaire de son invention.*" The work will shortly be published in Paris by subscription; it is under the patronage of the King of the Belgians, the Emperors of Russia and Austria, the Kings of Sweden, Holland and Italy, and the Emperor of Brazil. The price of the work to subscribers is thirty francs.

BOOK NOTICES.

Transactions of the Medical Society of the District of Columbia. Vol. II, No. 1. April, 1875. Washington.

It is a commendable mark of energy in a Society to publish, with regularity and promptness, whatever in its transactions is likely to inure to the public good. The cases reported in the work before us are mostly worthy of preservation, and are generally well presented. They include hernia, cancer, alcoholism, epulis, laryngeal tumor, cheesy pneumonia, cardiac disease. On the latter subject, Dr. Triplett makes a remark well to bear in mind. He observed that many patients were unnecessarily alarmed on account of heart murmurs when they really possessed a good circulation, and who never suspected any existing disease until they were examined for life insurance. Cited a case in point:—A wealthy Jew, who had believed himself to be sound, was examined with a view to life insurance, and rejected on account of a loud cardiac murmur. The knowledge of this fact preyed upon his mind; he grew rapidly ill; abandoned his business, and finally his condition became so alarming that his friends thought he would soon die. He had dropsy, dyspnœa, irregular and intermittent pulse, and the face was purple and congested. He made his will. This was several years ago, and the man was still alive and in a comparatively good condition, though the vital condition of the heart was bad.

In the majority of cases of sudden death from heart disease the trouble is never suspected during life.

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THE MEDICAL LAW OF PENNSYLVANIA.

We give below the text of the law regulating the practice of medicine in Pennsylvania, as it was signed by the Governor last month. While its provisions are certainly better than the utter absence of control which has heretofore prevailed, that it will weed out many of the worthless pretenders of the profession, or do much toward preventing their entrance in the future, is not sanguinely to be hoped. The section in reference to transient practice—in other words, itinerant and perambulating eye and ear doctors, *et id genus omne*, if rigidly enforced—and we appeal to all to see that it is enforced—will have a good effect.

No. 55.

AN ACT

To Regulate the Practice of Medicine, Surgery and Obstetrics in the Commonwealth of Pennsylvania.

Section 1. *Be it enacted, &c.*, That the standard qualifications of a practitioner of medicine, surgery and obstetrics, or of any one who may attempt to practice, singly or jointly, medicine, surgery or obstetrics, shall be and consist of the following, namely: A comprehensive and practical knowledge of human anatomy, human physiology, pathology, chemistry, *materia medica*, obstetrics, practice of medicine and surgery, and public hygiene, and a good moral character.

Section 2. The possession of a diploma, regularly issued by a medical school acting under a charter from this or other state or country, shall constitute the sufficient license for the person to whom such diploma is granted, to practice, singly or jointly, medicine, surgery or obstetrics, as set forth and empowered in said diploma: *Provided, however*, That a diploma that has been or that may hereafter be granted for a money consideration, or other article of value alone, or that has been or may hereafter be granted to any one who has not pursued the usual course of studies required by a legally chartered medical school, shall not be considered as a sufficient qualification under this act.

Section 3. Any practitioner who may not have a diploma, as provided for in section two of this act, and who may not be qualified, as hereinafter provided, shall have the privilege of applying to the prothonotary of the court of common pleas of the judicial district in which such applicant resides, for an examination in the branches of medical science and art set forth in section one of this act; whereupon it shall be the duty of such court to appoint a committee or committees, consisting each of three respectable practitioners of medicine of the school of practice recognized in this commonwealth, to which such applicant or applicants may profess to belong, and shall fix the time and place of holding such examinations. Each of said applicants, before being admitted to examination, shall deposit with such committee the sum of fifteen dollars ($15), which money shall be equally divided among them, for which they shall give a receipt; it shall be the duty of such committee or committees to convene at any time upon the call of an applicant or applicants for examination; it shall be the duty of such committee, when the said applicant is found to be qualified, as set forth in section one of this act, to grant to such applicant a certificate, and said certificate shall be the sufficient license for the person to whom it is granted to open an office in this commonwealth for the practice of medicine, surgery or obstetrics; it shall further be the duty of such committee to appear before the clerk of such court and take an oath or affirmation that they have not taken and will not receive, directly or indirectly, any other compensation for instituting such examination than that which is herein provided.

Section 4. Any person who has attended one full course of lectures in any respectable school of medicine recognized by law, and has been a resident practitioner of medicine, surgery or obstetrics in this commonwealth, five years previous to the passage of this act, is hereby authorized to pursue the same. Any person who has been in the continuous practice of medicine,

surgery or obstetries for ten years in this commonwealth shall be and is hereby authorized to pursue the same.

Section 5. Any person who shall attempt to practice medicine or surgery, by opening a transient office within this commonwealth, or who shall, by handbill or other form of written or printed advertisements, assign such transient office or other place to persons seeking medical or surgical advice or prescription, shall, before being allowed to practice as aforesaid, appear before the clerk of the court of quarter sessions of the county wherein said practitioner shall attempt to practice, and shall furnish satisfactory evidence to such clerk that the provisions of this act have been complied with, and shall, in addition, take out a license for one year, and pay into the county treasury, for the use of such county, the sum of two hundred dollars therefor, whereupon it shall be the duty of such clerk to issue to such applicant a proper certificate of license, on payment of the fee of two dollars for his services: *Provided, however*, That the announcement of name, title and place of business by card, or announcement of name, title and place of business in newspaper or other periodical, shall be sanctioned as legitimate, and is so approved by this act.

Section 6. Any person violating the provisions of this act, shall be deemed guilty of a misdemeanor, and on conviction shall be sentenced to pay a fine not exceeding five hundred dollars, for the use of the county wherein such misdemeanor is committed, or imprisonment not exceeding one year, or both, at the discretion of the court; any person so convicted shall not be entitled to any fee for services rendered, and if a fee shall have been paid, the patient, or his or her heirs, may recover the same as debts of like amount are now recoverable by law.

Approved—the 12th day of April, A. D. 1875.

J. F. Hartranft.

Now that at last there is such an Act in this State, let the profession see to it that its provisions do not become a dead letter; let the charters of all colleges be annulled if they traffic in diplomas; and let the amendments which, in carrying out the law, suggest themselves as valuable, be properly urged before the Legislature.

Notes and Comments.

Therapeutical Notes.

THE CYANIDES IN RHEUMATISM.

In acute articular rheumatism, Dr. Luton has used two cyanic preparations, cyanide of potassium and cyanide of zinc. The latter is a white powder, inert, insoluble in water, tasteless, odorless, and yet really powerful. It can be given in pill, or, still better, suspended in mucilage. The doses are ¾ gr., 1½ gr., 2 grs., or even 3 grs. (5, 10, 15, 20 centigrammes), throughout the day. The cyanide of potassium is freely soluble, more active when properly prepared, and should be preferred. The dose is ¾ gr. to 1½ gr. (5 to 10 centigrammes) in a day. Dr. Luton has never exceeded 2 grs. (15 centigrammes), which quantity he has observed to produce colic.

HEMORRHAGE IN EXTRACTING TEETH.

For this difficulty Mr. Salter recommends the following:—

℞.	Vitelli ov.,	ij
	Olei terebinth,	℥iss
	Sacchari,	℥ij
	Tinct. ferri sesqui-chloridi,	℥iij
	Aquæ,	℥viij.

A tablespoonful to be taken every hour; or

℞.	Tannin,	gr.v
	Spt. vini rect.,	℥ss
	Aquæ,	℥iss.

To be taken every hour.

As tannin is apt to produce nausea when taken on an empty stomach, he recommends its association with some (non-albuminous) food. In the irritability of sanguineous exhaustion, opiates may become necessary in large doses.

An Experiment with Jaborandi.

Dr. Craig reports to the Medico-Chirurgical Society, of Edinburgh, an experiment on himself with one drachm. of this new drug, the minimum dose. He says, "The little which I possessed I carefully infused with a teacupful of boiling water for two hours. The infusion was then allowed to become cold, after which the whole cupful of infusion was swallowed, and the results carefully observed. Notwithstanding its peculiar odor, it was not unpleasant to the taste, and produced no nausea. About twenty minutes after the infusion was swallowed salivation commenced, and in a few minutes afterwards the mouth was literally flowing with water, smelling strongly of jaborandi. Simultaneously with the flow of saliva the perspiration appeared on the forehead and over the whole body. It extended to the limbs, but was most marked on the forehead and trunk. This continued for fully four hours. The temperature of the room during the time of the experiment varied from 54° to 56° Fahr. The temperature of the patient was unaffected by the jaborandi, having remained normal throughout the whole experiment, confirming what had

been noted by other observers, that the effects of jaborandi were in no way depending on the rise of temperature of the body. It appears to act by directly stimulating the sweat-secreting glands."

On the Transformation of Malignant Growths.

In speaking of the relative malignancy of different tumors, Dr. J. F. Payne, says in his edition of Jones' *Patholog. Anatomy* :—

"In concluding these general remarks, we may state, we think, the following position with some confidence, viz., that, starting from encephaloid as the representative of cancer, *par excellence*, we find the malignant character gradually declining as we pass through a series of formations, such as we have above described, until we come to those of whose innocent nature there is no question. The exact limit, we believe, at which malignancy is lost cannot be distinguished by any clear line, any more than in natural history we can separate absolutely animals from plants, or in chemistry we can make a positive distinction between metals and non-metallic elements."

A Motive to Drunkenness.

What we deem a very weighty suggestion, is made by Dr. Milner Fothergill, in the *West Riding Asylum Report*. He states that a chronic state of anæmia of the brain is the most common cause of dipsomania, especially in women. Alcohol, by increasing the force of the pulse and dilating the small arteries, removes for the time the feeling of weakness and utter wretchedness, which is one of the most prominent and distressing symptoms in all cases of defective cerebral nutrition. Dr. Fothergill has treated successfully cases of dipsomania by measures having for their object the filling of the vessels of the brain. The means employed for this purpose must, of course, depend on the cause of the anæmia, whether it is part of a general state, or due to cardiac weakness, or to valvular disease, etc.; iron, digitalis, strychnia and belladonna are the most useful remedies, and, in bad cases, opium, in frequently repeated small doses, is of great service ; it not only allays the restlessness and irritability which are generally present, but, by promoting dilatation of the small arteries of the brain, directly favors the nutrition of that organ.

Apropos of this subject, a writer in *Land and Water* recommends, from Dr. Ringer, the use of capsicum, "given in doses of the tincture (ten drops), or the powder, twenty grains, to be taken before meals, or whenever depression or craving for alcohol arises." It also induces sleep in early stages of delirium tremens. It obviates the morning vomiting, removes the sinking at the pit of the stomach, the intense craving for stimulants, and promotes appetite and digestion. He adds:—"This treatment I have tried with great success in several cases, and in one in particular, that of a young man, whom no one, by any means in their power, could possibly keep from tippling. Shut up the spirits, he had a key made on the quiet, while his wife was away for a day—of course, he sent her. Take away his money, he would 'tipple' on credit. He came under my care for bronchitis. I soon heard of his propensity, and tried Dr. Ringer's treatment. I began by giving him five drops of the tincture in a little syrup of orange-peel, and some orange bitters, and increased the dose of capsicum to twelve drops. He rapidly improved, and at the end of a month he was quite another man."

Hydrocele Fluid as a Preservative.

Dr. Robert McDonnell, of Dublin, recommends hydrocele fluid as a preservative of anatomical and pathological specimens. It neither contracts nor hardens the tissues, nor does it enlarge them. He adds a little bichromate of potash to it, and prefers it to any other menstruum.

Chocolate as a Remedial Agent.

Dr. Karner, in a late article, refers to the use of chocolate in chronic intestinal catarrh, and cites, among others, the following typical case of chronic catarrh of the intestines, to illustrate its action in the simplest manner : "Rosalia M., aged seventeen months, poorly developed and nourished, suffered from intense meteorism, numerous thin, fluid, feculent discharges, which alternated from time to time with normal stools. There was considerable emaciation, and the child also had intertrigo, of which there were frequent relapses. The diarrhœas could be attributed only to poor nourishment. After strictly regulating the diet, small doses of Dover's powder and acetate of lead were first administered, and in three days were substituted by the chocolate, of which a cupfull was given daily. A dessertspoonful of the powder sufficed for a cup of chocolate. The mother was also instructed to allow the child as little fluids

to drink as possible. The result was astonishing. The discharges decreased in number day by day, the weight of the child rapidly increased, and after a few weeks it had perfectly recovered; a remarkable change for the better was observed in its bodily development, and the intertrigo had not recurred."

Drunkenness in the United States.

A French writer, M. Simonin, has given some results of his personal observations of drunkenness in the United States. He records, for the benefit of his countrymen, his experience of the system in force in the Dipsomaniac Asylum in Ward Island, New York. As to the necessity for such measures in the United States, he says there can, unhappily, be no question. In Maine, where the Legislature has shown itself so keenly alive to the prevalence of the vice, there were, in 1873, as many as 18,000 inebriates out of a population of 630,000. Restrictive enactment has merely driven the drunkard to ingenious devices for gratifying his propensity; and, according to medical statistics, the cases of delirium tremens have been quadrupled in Maine since its celebrated Liquor Law. The "bold bacchanal" is now a hero to be admired in New York, where the "four-bottle man" is looked up to as his prototype used to be during the Regency in England; while so general has the tippling habit become, that physicians trace to it not only the greater frequency of apoplexy, but those epidemics of sun-stroke which have prevailed in some large American towns these last few summers. There is nothing like going from home to learn the news.

The Construction of Privies.

The English sanitary authorities condemn the manner in which privies are often constructed in rural districts, and their words apply to many places with us. Almost invariably the cess-pits are so made as to allow their contents to soak into the ground; the object of this being, not only cheapness in construction, but to render the emptying less frequent. Quite recently one such was reported to a sanitary authority, that, though close to a house, had only been emptied once in twenty-seven years. The consequence of this is, of course, that the ground about gets sodden with excrement, and that the well, if there be one near, is poisoned. In the course of last year a formidable outbreak of typhoid fever in one village, and of dysenteric diarrhœa in another, were traced directly to such pollution of the wells. A stringent rule should be laid down that no cesspit shall, on any account, be allowed in the neighborhood of either well or dwelling-house, unless it is so constructed as to be perfectly water-tight.

On Apomorphia.

The late observations of Dr. Victor Bourgeois have elicited the following conclusions:—

1. Apomorphia, or rather hydrochlorate of apomorphia, when pure, and employed in suitable doses, is a rapid, simple, and harmless emetic.

2. It is *rapid*, for its action always takes place, at latest, within ten minutes after administration.

3. It is a *simple* emetic, for it does not appear to exert any influence upon the other functions.

4. It is *innocent*, and does not seem to possess dangerous toxic properties.

5. Lastly, the facility with which it can be administered by hypodermic injection fulfills a therapeutic desideratum, and suggests its adoption by physicians in some special circumstances, such as the medication of children and of the insane.

Magnesium Metatartrate.

This salt has just been introduced to medical practice in Germany. It is a white powder, which easily dissolves in water, and thus differs essentially from the tartrate. In the solid form, magnesium metatartrate retains its solubility for an unlimited period, and even diluted solutions remain clear for a considerable time, whereas the concentrated solution soon deposits a white precipitate of the well-known magnesium tartrate. At a high temperature, such as is attained by boiling, this change is very much accelerated, and a solution of pure magnesium tartrate finally results. This preparation is particularly recommended as a substitute for magnesium citrate, which it resembles in medicinal effect and in its agreeable taste, and may be produced more economically.

Physiology and Printing.

A correspondent of the Boston *Medical Journal* makes the following shrewd observations:

"There is a subject I wish some one would take up and report upon; and that is the length

of printed line required for the easiest reading. I suppose it will be admitted that if the New York *Times* or *Tribune*, the Boston *Post* or *Advertiser*, should widen its columns to the length of ten or fifteen inches, it would, in a short time, lose all its readers. After a good deal of observation, I am persuaded that it is important, for physiological reasons, to keep short the lines of the newspapers, and to induce the publishers of magazines, and of all octavo volumes whose type is as small as bourgeois or nonpareil, to print two columns on a page. The long lines of print are so serious an inconvenience, involving, indeed, so much injury to the organs of sight, it seems to me that benevolent ophthalmologists ought to do something to attract the attention of publishers and printers, and give some help and relief to persons of my age and feebleness of vision."

Uses of Southern Vanilla.

Dr. A. W. Miller remarks, in the *American Journal of Pharmacy*, that deer tongue, or Southern vanilla (*Liatris odoratissima*, Willd.), seems destined to become a commercial staple of some importance, chiefly, so far, on account of its large consumption as a flavor for tobacco. It is stated to be also used to some extent in the South for the purpose of preserving clothing, woolen fabrics, etc., from the attacks of moths. He recommends a tincture of the leaves as an agreeable perfume, resembling new-mown hay.

Correspondence.

Case of Spina Bifida.

Ed. Med. and Surg. Reporter:—

I was called, on January 16th, 1875, to attend in accouchement, Mrs. P., a primapara. On my arrival, 8½ P. M., I found the patient having slight pains with ten minutes' interval, which had been about the same during the day. I was informed that the amniotic liquid had passed away early in the morning, although the pains indicated only feeble contractions of the uterus. On examination I found complete presentation of the feet with prolapse of the funis; there being no pulsation to the cord, nor, by auscultation, previously made, could I discern the fœtal heart, I informed the friends that the child was dead, which afterwards proved true, although the absence of the fœtal pulse during extraction of the feet is not always a true indication of death. There being inertia of the womb, I gave quin. sulph, gr. viij. In thirty minutes contractions moderately increased. I then decided on extraction. Meeting with much resistance, I followed along the dorsal side with my hand, as far as the lumbar vertebra of the child, which I found attached firmly to the placenta. This adherence being detached, using moderate force in traction, delivery was effected at eleven o'clock P. M. The child was still-born, weight 8½ pounds. On examining the child I found a tumor, 3½ inches in circumference, involving the two last dorsal and three of the lumbar vertebræ, true spina bifida, the fluid had already been discharged, and the spinal membrane inflamed, while otherwise the child was well developed. I consider the immediate cause of death to be, that when the rupture of the membranes occurred, and the feet fell into the vagina, the traction thus made between the placenta and the fœtus partially ruptured the sac, as the fluid was already discharged. J. H. Tilford, M. D.,

Irvington, Indiana, April 12, 1875.

News and Miscellany.

The Law of Abortion.

A week or two since an irregular physician of this city was convicted of being an "accessory after the act" in a case of abortion followed by death. He delivered the body to an irregular college of this city, which led to the detection of the crime. Judge Finletter, in summing up the case to the jury, made the following remarks on the relation of medical men to the law:—

"The law invests the physician with peculiar privileges. In the exercise of his profession all his acts must be considered lawful until the contrary be shown. If he be administering anywhere, the presumption is that he is lawfully there for a lawful purpose, to which he was regularly called. If it be shown that a miscarriage was produced, it must be presumed that he had nothing to do with it unless it be shown that he participated in it, or counseled, or advised, or directed it. Even if it be shown that he produced it, the presumption would be that it was lawfully done, for a lawful purpose, until the contrary be established. In this connection, however, it must not be forgotten that an intentional miscarriage, for the purpose only of producing a miscarriage, is always unlawful. These presumptions of innocence are intended to protect the honest members of a profession whose glory it is to answer the call of suffering with a promptitude which forbids an inquiry into the surroundings of a patient, or guarding themselves with witnesses in the performance of their duties. They are not, however, to be made the means of covering up crime and protecting criminals. Nor should they be extended to acts of the physician not within the scope of his professional services. With the life of his patient his responsibility ends, and his subsequent acts and conduct are to be considered and adjudged as those of other men. It would be a rare exigency, indeed,

which could justify him in appropriating for dissection the body of his patient. How far the profession should be on the alert to suppress the crime of abortion, to expose and bring to punishment the perpetrators, to aid with all their great intelligence and opportunities of observation the ministers of the law, must be left for them to determine. Although it may not be necessary, I regard it as a part of my duty to call your attention to the character of the crime charged against these defendants. There is none which equals it in wickedness, or in its terrible consequences. It is greatly to be feared that abortion is no longer confined to the victims of passion and seduction. It stalks abroad so brazenly heralded, that childhood in its most guarded home may see and feel its corrupting influences. That it breaks down the guards of private and public chastity, and fills the ranks of prostitution, is the smallest of its evils. When it enters the domestic circle, all that makes home holy and blessed wither in its track; purity of thought and act, the respect and confidence of man and wife, the pride and glory of children, and their tender care, and all regard for family duties and responsibilities, disappear forever.

Fee Bill Rates.

The following Resolution has been adopted by the Mifflin county (Pennsylvania) Medical Society:—

Resolved, That we, the officers and members of the Mifflin county Medical Society, will not consult or have medical intercourse with any physician who is in the constant habit of violating our code of ethics, by underbidding our fee bill rates.

Resolved, That a copy of the above be sent to the Medical and Surgical Reporter, for publication.

Adopted April 13, 1875.

"Mind Reading."

The mind reading humbug has been rife in this city this spring. In spite of the full exposure given in this journal and others, some of the daily papers accepted it with the credulity of mediæval ignorance!

Personal.

—Mlle. Lehmus, of Furth, Bavaria, has just received from the Faculty of Medicine of the Zurich University the diploma of doctor in medicine, chirurgy, and obstetrics.

—M. Pajot, who had the intention of giving up his chair of obstetrics at the Ecole de Médicine, relinquished his purpose on the earnest representations of the students. He commenced his sessional course of lectures on the 16th ult., when the students took occasion to give him an ovation of the most enthusiastic and gratifying character.

QUERIES AND REPLIES.

Dr. W. M. R., of La.—The Hot and Warm Sulphur Springs, of New York, Virginia, and Arkansas (as well as some of less note in other states), are well adapted to chronic rheumatism. The free use of mustard as a condiment is highly recommended by Dr. Chambers. Massage and the friction cure are also lauded by some. Electricity is occasionally beneficial.

Dr. A. J. O., of Ill.—Bartholow, on Hypodermic Medication, price $1.25.

Dr. C. F. G., of Pa.—Elastic bandage, 2½ inches wide, costs 75 cents per yard.

Dr. J. H. A., of Ky.—Framing diplomas for one's office is entirely proper. The card you send, announcing "calls promptly attended to, day or night, city or country," is not contrary to ethics, but appears to us in questionable taste.

OBITUARY.

DR. JESSE R. BURDEN.

The death of this widely respected member of the profession occurred in this city on the 2d instant, after a brief illness. Dr. Burden was a native of this city, born January 8th, 1798; graduated in the Academic Department of the University of Pennsylvania, and as a doctor of medicine in the medical school of the same University. At an early period he took an active interest in political affairs; was elected to the Legislature from the old county of Philadelphia, serving continuously from 1827 to 1838, in either the House of Representatives or the Senate at Harrisburg. He was for several sessions President of the Senate, during which time his decisions were never appealed from. He was one of the founders of the Jefferson Medical College, and at the time of his decease, and for many years prior, he was one of the Board of Trustees. Since the decease of Judge King he has been President of the Board. Very early in life he was chosen a member of the Board of Health, and for a long period was in the Guardians of the Poor, and for about twenty years (1835 to 1855) was President of the Board of Inspectors of the Moyamensing Prison. For several years he occupied the chair of Materia Medica in the Philadelphia Medical College. In 1820 he had charge of the first yellow fever hospital in Philadelphia. In 1823-24 he was the only medical officer in the Fourth United States Infantry, during a trying period at Tampa Bay, Florida. In 1832, during the afflicting visitation of cholera in that year, when all the nurses deserted the Almshouse, he obtained, through Bishop Kenrick, the services of a Sister of Charity, and remained at the Almshouse himself giving medical attendance to the sick, who were nursed by the Sister. In August of the same year, the cholera having broken out in the old Arch Street Prison, he then being an inspector, he discharged all the untried prisoners on his own responsibility, as a sanitary measure.

Dr. Burden was a man of strong intellectual character, liberal in his charities, a reading man, fond of books, devoted in his friendship, and held in warm affection in the domestic and social circles in which he moved in the evening of his days.

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Medical Societies.

AMERICAN MEDICAL ASSOCIATION—TWENTY-SIXTH ANNUAL MEETING.

First Day.

The Twenty-sixth Annual Session of the Association convened at Louisville, Ky., on Tuesday, May 4th, at 11 A. M., in Public Library Hall, the President, Dr. William K. Bowling, of Nashville, in the chair. An introductory prayer was offered up by Elder Lamar, of the Christian Church, after which, the meeting being duly called to order, an address of welcome was read by Dr. Edward Richardson, chairman of the Committee on Arrangements.

The programme of evening receptions, and excursions, including invitations to visit the Masonic Widows' and Orphans' Home, the Institute for the Blind, and also that of Col. John B. McFerran, proposing a trip to his stock farm on Friday afternoon, were read and accepted.

The claims of delegates from Allen County Medical Society, of Indiana, the Arkansas State Medical Society, and the individual cases of Dr. David W. Yandell, from the College of Physicians and Surgeons, of Drs. Bodine and Wilson, from the Louisville Academy of Medicine, and of Drs. Rosenfield and Woodworth, of the Fort Wayne Medical Association, were referred to the Judicial Council.

Dr. N. S. Davis, of Chicago, stated that Dr. Bottsford, president of the Canadian Medical Association, was present, and moved that he be invited to take a seat upon the platform. The motion was promptly seconded, but the chairman decided that the gentleman should be allowed a seat upon the platform without the formality of a vote.

Dr. Bottsford, on reaching the president's desk, was presented to the audience and made some appropriate remarks.

After reading the names of the delegates, nearly three hundred of whom were found to be present,

The President's Address

was delivered by Dr. Bowling, on *The Relation of the American Medical Association to Medical Education in the Past, and its Duty to that End in the Future*, from which we make the following extracts:—

"A National Association of Medical Men was without precedent when this was ushered into existence by the genius of one man, watered by his parental solicitude, and sustained by the co-operation of his brethren, all stimulated by a common hope that good must come of it, in cementing the brotherhood in unity of purpose, and intensifying its power for the achievement of good to the profession, and consequently to the public at large. Thus organized, and freighted with the hopes and blessings of every loyal medical heart in the country, it has literally drifted through a generation. Composed of the representatives of wide spread and independent medical masses, with many-sided hopes and aspirations, many with a freedom of thought and expression peculiar to their latitudes, it has seemed in turn to delight in representing every shade of medical politics. But it still lived, and every year its ancient friends met new representatives in council, and renewing their allegiance, lighted again their torches at its altar.

The contributions of old and new were printed, and in a bound book sanctified to posterity.

"It is good occasionally to recall the grand objects its founders hoped to achieve through its instrumentality. They were:—

"*First.*—To give an emphatic expression to the views and aims of the medical profession in this country.

"*Second.*—To supply more effectual means than have hitherto been available here for cultivating and advancing medical knowledge.

"*Third.*—To elevate the standard of medical education.

"*Fourth.*—To promote the usefulness, honor and interest of the medical profession.

"*Fifth.*—To enlighten and direct public opinion in regard to the duties, responsibilities, and requirements of medical men.

"*Sixth.*—To excite and encourage emulation and concert of action in the profession.

"*Seventh.*—To facilitate and foster friendly intercourse between medical men.

"*Eighth.*—To take cognizance of the common interest of the medical profession in every part of the United States.

"Organized for the achievement of eight distinct purposes, which, in the aggregate, if accomplished, were to confer upon the profession of Medicine in America a glory which the ages had not vouchsafed to it in any country under heaven.

"What can we say in regard to the third of these objects, the elevation of medical education? In our own short history as a country, within the recollection of us all, stupendous sacrifices solved a problem undreamed of by those who precipitated them, and the history of mankind is luminous with similar examples; and those among us conversant with it are neither surprised nor disappointed that this organization, in all the years it has met, and resolved and, reported, finds itself as far as ever from the achievement of that desideratum adumbrated by its initial Convention as the chief end of its creation.

"The colleges, borrowing a word from the politicians, and recognizing the Association as national, opposed, through their accredited organs, any centralizing tendency. Medical schools multiplied, and while each adopted the Code of Ethics suggested by the Association, and was proud of being represented in it, was unwilling to concede to it any power over its local affairs, and thus, for a quarter of a century, they seemed antagonizing forces. The natural rivalry of the schools would suggest the power of the Association to aid ends honorably labored for, which would as naturally stimulate opposition. If one school sought to strengthen itself and augment its classes by obedience to the behests of the Association, its rival was as certain to oppose change, as evidence of decay, and thus strengthen itself by a recognition of the landmarks of the fathers, and a determination to deepen their footprints by walking in them.

"Meanwhile the Association, in vibrating now toward one, and anon to the other of these extremes, seemed attempting that difficult equestrian feat of riding, at the same time, horses running in opposite directions. The schools, while denying the authority of this body to prevent them doing as they pleased, were not indisposed to invoke its countenance in favor of any peculiarity to which any of them committed themselves. While its transactions, therefore, exhibit it as a gallant ship, struggling to make headway when directly opposed to the wind, with its prow, during the effort, turned to every point of the compass, yet the skillful navigator knew, notwithstanding, that she was edging up slowly but certainly in the right direction; and the belief of this truth has sustained its friends from the beginning, and secured their cheerful attendance, when the less observing could see no future from which the clouds did not shut out the light of heaven. Such did not stop to consider how vast was the country here represented, and how widely different the outward circumstances of the men that constituted the Association at any one meeting.

"At Nashville, eighteen years ago, amid a storm of school representatives in this Association, a resolution was introduced to so change our constitution as to keep the representatives of schools and hospitals, as such, out of this body. Under the rule, it must wait a year for consideration. It was called up the next year, at Washington, after great excitement about hospital representatives, and was lost by almost a unanimous vote. In 1869, at New Orleans, the same proposition was made. A greater storm at the meeting in Washington, in 1870, from school representatives, caused deeper thought upon the subject, and at Detroit, last year, seventeen years after the Nashville resolution, to the unspeakable joy of many, the constitution was so amended as to give a permanent quietus to this disturbing element, and assurance of a calmer future.

"If, then, this body has not of itself accomplished all its friends hoped for in the beginning, in elevating the standard of medical education, they must be satisfied to know that that standard, notwithstanding, has been regularly going up, fully abreast with the progress of our new country in every other department of human learning, and all the arts and appliances of a rapidly developing civilization. The spring can only well up the waters sent to it, purifying them in process, and the sea is but the representative of many waters. The schools must take such material as they can get, and make the most of it, and the American Medical Association, as in the past, so now and hereafter, is obliged to consist of such representative medical men as the schools may prepare and fashion for its use.

"That the schools are all that their hopeful, faithful and earnest teachers can make them, and that they accomplish all that is possible with the material entrusted to them, none ought to doubt; and that the country at large selects as good material as it possesses for the schools, is equally indisputable. Nor should any be-

lieve that the youth selected for medical schools are, in respect of preparatory education, a whit inferior to those selected for the law or divinity.

"The question returns to us—what can the Association now do, in its early manhood, honestly, toward redeeming implied pledges in its infancy? Much, if it have nerve or backbone; nothing, if these be absent. The plan is simple, as all plans are that succeed. Logic and truth are simple, but without nerve the whole moral world is like an empty sack, utterly incapable of standing erect. The barrier to success has been removed by the abolition of school representation, as such, and reducing the whole body to "lay" members. It was to secure the success of the plan to be proposed, to elevate the standard of medical education, that the resolution was introduced at Nashville, in 1857, to remove the schools from the Association.

"In the arbitrary numbering of the objects for the promotion of which this body was created, that of number eight is declared to be, 'To take cognizance of the common interest of the medical profession in every part of the United States.' A very comprehensive power, assumed in the beginning, and never denied in all these years, will not be questioned now, when the moral frown of the Association would be fatal to whoever, or whatever, connected with medicine, should oppose the grand and benevolent objects that lie at its foundation. In taking cognizance of the common interest of the medical profession in every part of the United States, it must go back upon itself, and acknowledge its recreancy to the high objects of the fathers, who wore away their lives in an unswerving devotion to it, not to exercise the sum total of its legal and moral force in securing a higher standard of medical education in this country than existed at the time of its inauguration.

"Therefore, let it be solemnly resolved by this meeting, that it shall be regarded as derogatory to the character of any physician, in any part of the United States, to take under his care, as a student of medicine, any one who cannot exhibit evidence of having taken a degree in a regularly chartered college, or a certificate of qualifications necessary to become a student of medicine, from a board of examiners appointed for that purpose by the American Medical Association. This will do the work.

"There is nothing really binding in the rule suggested. The only power in the matter is the great moral weight of the Association. It enacts nothing, but simply asserts what every member of it knows to be right. After a few years, such a certificate of the Examining Board, or evidence of a college degree, might be declared necessary in order to enable an applicant for membership in this body to secure admission; for surely it is the common privilege of all organizations to judge of the qualifications of their own members. Then will the certificate of membership here pass the holder anywhere as a gentleman and scholar.

"It is precisely in this way that the medical department of the army and navy are purified. The adoption of this addition to the Code of Ethics would furnish medical gentlemen an excuse for getting rid of applicants for office study whose preliminary education they know to be defective, and whose relations they would dislike to offend by saying so.

"Neither would this rule exclude any one from being a doctor. In a vigorous republic there will always spring up men who, by genius and long self-training, literally hew their way to greatness, in all of the professions, while many more will pass through colleges, winning all their honors, to shrink into insignificance, and pass through the world unknowing and unknown. For the former, heaven has made ample provisions, and stamped them as the nobility of nature, whom this body can neither depress nor elevate—nay, nor could an association of angels.

"Gentlemen, Western medicine, for a long time, established its Mecca at the Falls of the Ohio. Whatever the fashioners of taste may determine, the medical heart cannot go far astray in recalling the Titans that officiated at its altars. Many of them 'sleep well after life's fitful fever,' but the rock-girt and rock-floored river in the neighborhood of their ashes, as it throws its disturbed waters over the cascade, will chant their requiem while grass grows or water runs. One,* in a green old age, whose fame has filled the world, stands, like the statue of a demigod, poised on the apex of his monumental shaft, far above all surrounding things, pointing to an earlier day-star than greets the vision of ordinary mortality. Another,† happy in the memories of a well-spent life, the charming grace of whose cultured pen has left an imperishable record, lingers in the peaceful enjoyment of that subdued and enchanting twilight of life between sundown and the 'deeper gloaming' so in harmony with the spirit of the good, having thrown his mantle on other shoulders, patiently awaits the 'translation.' One,‡ the Galen now of the great city of the Republic, garners the golden sheaves of a crop sown long ago, and thoroughly cultivated. Another,§ the American Dupuytren, on the fringe of the sunny land of the orange and the magnolia, with the premonitions of a glorious sunset gathering about him, in faith and hope is also ready. We know that their example is not lost on those who have taken their places in the flourishing medical institutions of this noble city, a city whose munificence to medicine has entitled it forever to the kindest memories of the profession."

Upon the conclusion of the address, which was frequently interrupted by expressions of commendation upon the part of his hearers, a vote of thanks was passed, and the address placed in the hands of the publishing committee.

Upon the request of Dr. S. D. Gross, of Phila-

* S. D. Gross. † L. P. Yandell. ‡ Austin Flint. § P. F. Eve.

delphia, that he be permitted to deliver a lecture upon "One of the Lost Arts," this morning, a motion was made to that effect and unanimously carried.

This brought the session to a close, after the reference of the subjects to be considered in the several Section rooms to their proper Sections.

Second Day.

The second day's session was marked by an increased attendance, and a livelier interest in the proceedings.

The Association was called to order by the president.

The following delegates were proposed for permanent membership: Drs. C. J. Walton, of Mansfield, Ky.; W. S. O'Neal, Berlin, Ky.; E. D. Foree and S. H. Horner, of Louisville; W. C. Hall, Franklin, Ind.; R. D. Huley, Elizabethtown, Ky.; C. J. Renfro, Pleasureville, Ky.; and W. C. Tucker, Danville, Ky.

In all 467 delegates were reported as present this day.

A delegate wanted the names of permanent members to be read separate from the others.

Another delegate hoped the list would not be read again, but that it be taken for granted that each gentleman belongs to a legitimate society.

Dr. Davis observed that this was not a matter of feeling, but of regulation.

The reading of the list was thereupon proceeded with, when a delegate asked, "Would it be legitimate to refer the matter to a committee?" He was assured that it would be.

Dr. Davis said:—

If there is any trouble about this it arises from not taking heed to our constitution and by-laws. I believe the constitution is written plainly, that permanent members who are to be elected must be recommended by a committee of arrangements from locations where there are no local societies existing at the time, or else they must be members of good standing in their State societies. The idea is, that members should not come here to be made permanent members when there are local societies in their own place entitled to representation, and they not members of such local societies. Such cannot be admitted here, to the neglect of such local organizations.

The question was raised: "Could a delinquent member be restored to his privileges by the payment of back dues?" It was answered by the citation of an instance at the last session, in Detroit, in which a former member desired to be reinstated by the payment of twenty-five years' back dues, but was refused.

The secretary said that he had the applications for membership, by invitation, of Drs. W. B. Rodman, of Frankfort, Ky., and E. Poynter, of Midway, Ky.; J. H. Rock, of Chicago, and Drs. R. Bolling and S. O. Wetherbee. They were accordingly elected. An invitation from the Commissioners of Public Charity, to visit the City Hospital, was accepted.

It was at length resolved to take a recess of fifteen minutes, that the delegates from each State might select one of their number as a member of the committee on nomination of officers for the ensuing year.

CANADA'S GREETING.

The following communication from the Canada Medical Association was read and received:—

MONTREAL, April 19th, 1875.

W. B. Atkinson, Esq., M. D., Secretary American Medical Association:—

DEAR SIR—As the time is approaching for the meeting of the American Medical Association, I have much pleasure in forwarding a copy of a resolution unanimously adopted at the last meeting of the Canada Medical Association, held at Niagara Falls on the 5th and 6th of August, 1874, and request that you will kindly bring it to the notice of your association. The Canada Medical Association will meet this year at Halifax, Nova Scotia, on the first Wednesday in August, and would be much pleased at seeing, as heretofore, delegates from your association, and I think it more than probable that our association will be represented at your meeting by at least two of our members, one of whom will be our president, Dr. LeB. Bottsford, of St. Johns, New Brunswick.

I am, dear sir, yours very truly,

D. H. DAUD, M.D., D.CL.,

Gen. Secretary Canadian Medical Association.

THE RESOLUTION.

It was moved by Dr. Grant, and seconded by Dr. Caniff—

That, in consideration of the best interests of medical science, it is desirable that a medical conference should take place between the American and Canada Medical Associations, at some central point, to be determined upon, and that the American Medical Association be advised as to the desirability of thus becoming more intimately acquainted, and affording an opportunity for the discussion of medical and surgical subjects on a common basis.

The motion was carried unanimously, when Dr. Kingston, seconded by Dr. Bottsford, moved:

That in the event of such conference being determined upon, it would be desirable that the Secretary of the Canada Medical Association notify the various local medical societies, so that our Dominion might take part in a manner worthy of the occasion and in keeping with the interests of medical science.

This motion was also passed unanimously.

The proposition contained in this letter was referred to the Committee on Nominations.

A member desired to know where the Committee on Nominations should meet. The session-room of the Seventh-ward school building was announced as the place of meeting, it having been kindly tendered, on behalf of the School Board, by Prof. J. M. Keller.

AN INTERNATIONAL CONFERENCE.

The following communication from Dr. E. Seguin, of New York, urging this Association to send delegates to Europe to confer with foreign medical associations in regard to the uniformization of clinical observations, instruments, scales, etc., was received and placed on file:—

To the American Medical Association:—

Mr. President and Gentlemen—You have twice sent delegates to the British Medical Association and kindred European societies, to invite them to consent to a plan of uniformity of methods, instruments, scales, and records of clinical observation. The proposition has become more opportune since the meeting in Paris of the Convention for the adoption of uniform weights and measures by all nations, in which convention Professors Henry and Hilyard represented the United States, but in which the special wants of unity of measures of our profession were not represented. This proposition was approved by Sir William Jenner, MM., Reynolds, Gibson, Stewart, Squire, Sydney Ringer, Wilson, and Tilbury Fox in England; on the continent by MM. Maxey, Charcot, Lozain, Potain, Lepine, Ollier, and Chaveau, all ready to open a commission in Paris and a sub-commission in Lyons, in order to concert in your plan of uniform observation. This plan embraces the unity of clinical thermometers, and of thermometric scales, charts, etc; a uniform graduation of the sphygmograph, myograph, spyrograph, æsthesiometer, dynamometer, globulimeter, ophthalmoscope, and other instruments of precision used in diagnosis, a uniform method of measuring and registering the hearing, and velocity of other sensory impressions, the regularity of co-ordinate movements, as the walk, and a uniform registration of all clinical cases according to their kind. Of this plan the International Medical Congress, meeting at Brussels, will take early action. It is, therefore, important that the American Medical Association be represented this year at Brussels, in order to represent there the original plan of uniformization of clinical observation in its integrity and entirety.

Therefore the American Medical Association resolves to nominate new delegates, commissioned to again advocate in Europe the unity of clinical observations, and charges them to report progress in brief at the meeting in 1876.

E. Seguin, one of the Delegates.

New York, E. Twenty-first street, April 27, 1875.

DR. GROSS' ADDRESS.

The order of the day for eleven o'clock having arrived, namely, the reading by Prof. S. D. Gross, of Philadelphia, of a paper entitled "One of the Lost Arts," that gentleman was called for, and at length appeared, amidst the wildest applause. Upon the subsidence of this, the speaker good-humoredly prefaced the reading of his essay with the following remarks:—

"Before reading this paper, Mr. President, I wish to tender my acknowledgments to the Association for permitting me to appear before them to-day, in a manner, as it were, out of order. This paper might have been referred to one of the Sections, but I was very desirous of reading it in the body. I am afraid my friends in the gallery will consider me a fraud when I begin to announce what the title of my paper really is. I desire to occupy the attention of the Association with the task of offering some remarks upon one of the lost arts of the profession. I allude to blood-letting, considered as a therapeutic agent."

The tenor of this able article was in reference to the uses and abuses of blood-letting; that while the physicians of a few generations back resorted to the lancet as a specific remedy in the management of promiscuous diseases, both acute and chronic, the system of blood-letting, after having reached this extreme, had fallen gradually into disuse, until, at the present day, it was as much as a physician's reputation was worth to hazard the suggestion of blood-letting, save in its slight topical form, as in the use of the scarificator, cupping glasses, and the occasional application of leeches. He thought it was really saying too much, with our present extreme prejudices against venesection, that we should assume to be so much wiser than our fathers, who had lent their approval to a custom that had been sanctioned by ages of experience. Might we not, in going to the opposite extreme, do violence to a principle that was really conservative in its nature? It was the extreme view taken either way that was likely to occasion untoward results. It was the fashion of the present day to decry this kind of practice, and, like many other fashions, it was founded upon ideas that would not stand the test of reasoning investigation. Even disease itself, in some form or other, had often become fashionable.

An instance in point was cited, in reference to Louis xiv, of France, who was afflicted with a loathsome disease, with which the people of his court soon became fashionably inflicted, and which many of the higher classes affected. There was as much tyranny exercised by the opinion of an eminent authority (eminent because it was *foreign*) in support of improbable or questionable medical views, as there was in the mandates of the queen of fashion, foremost among whom, in her time, was the Empress Eugenie, and to which every woman felt herself compelled to yield, or else forego her influence and standing in the fashionable world. So with a majority of the medical profession, who abandoned voluntarily, or felt compelled so to do, old and once cherished opinions, in order that, by following new theories, they might not render themselves conspicuous by an adherence to the ancient regime. It was simply the fashion of the day. The speaker said that, though he was no prophet, nor the son of a prophet, the time was fast coming, if it were not already at hand, when a reaction would ensue in favor of

the therapeutical effect of blood-letting, and the idle lancet be again resorted to as one of the main reliances in the treatment of many forms of disease, particularly in the acute stages; for, continued he, history is constantly repeating itself, and knowledge runs in a circle. There were times to bleed and times not to bleed, and these distinctions, wherein our fathers erred, we of this day and time are enabled to recognize readily and turn to valuable account. When we had acquired a more accurate knowledge of diseases, the tendency to run into extremes would be less characteristic of the profession, if not avoided altogether.

The substitute for the lancet, now-a-days, consisted in the administration of medicines that had a tendency to reduce the fullness, frequency and power of the heart's action, and the extreme use of these was more dangerous than the one decried. Women in child-bed had often lost immense quantities of blood, more than an old-time physician could ever think he had occasion to draw; hemorrhages from various causes, and the continued and immoderate use of the lancet, in many recorded cases, in which no more blood came away because there was too little left to run, could be cited, and yet recovery followed, and the life-current was speedily reproduced, under a nourishing and sustaining after-treatment.

Cases of acute diseases, and those in other stages of development, were cited to prove the efficacy of a timely abstraction of blood from a vein, and individual cases were likewise produced, in which this feature of practice was proven to be the only one which insured a further lease of life or ultimate recovery.

The reading of this essay occupied an hour in its delivery, and at its conclusion it was unanimously referred to the Committee on Publication.

The following communication from Dr. Toner, which speaks for itself, with accompanying resolution, was read and adopted:

MEDICAL PROMOTIONS IN THE ARMY.

The Committee (of one from each State) on the Rank of the Medical Department of the Army, respectfully report: That, as soon as possible, after the adjournment of the Detroit meeting of this Association, a form of petition to Congress was agreed upon, in which the unsatisfactory position of the medical corps was briefly stated, and the nature of the relief asked for indicated. This petition was circulated among the physicians of the several States by the members of the committee, and was very extensively signed. In connection with the petition, an explanatory pamphlet was widely distributed. It contained a "brief statement of the facts" connected with the subject, and a draft of a bill, the passage of which would have placed the medical corps on a satisfactory footing in the matter of rank. A copy of the pamphlet is herewith submitted. The bill, which was prepared after consultation with the Surgeon General and a number of the other medical officers of the army, did not propose to alter the number of medical officers now allowed by law, but merely provided that after thirteen years' service medical officers should have the rank of major; after twenty-three years' service, the rank of lieutenant colonel, and, after thirty years, the rank of colonel. Immediately after Congress convened, last December, this bill was duly introduced in both Houses, and in each read twice, and referred to the Military Committee. During the rest of the session every effort was made to secure its favorable consideration. Three petitions from the several States were duly presented; copies of the explanatory pamphlet were sent to each Senator, and members were personally conferred with. These efforts were so far successful, that, before the close of the month of December the Military Committee of the House of Representatives agreed to report the bill to the favorable consideration of the House, but the press of other measures of greater political interest caused this to be postponed from time to time, until the session came to a close without any action having been taken. It is believed, however, that the medical profession of the United States will not be satisfied with this inaction. Your committee have certainly found a gratifying unanimity of sentiment on the subject among the physicians of all parts of the country, and have been led to believe that it is their earnest desire that this Association shall continue to urge the claims of their brethren of the medical staff of the army upon Congress, until such a law is enacted as will secure to them the share of rank we believe they ought to enjoy.

It is hoped that the matter may be pressed at the next session of Congress with a chance of better success than it had at the last session. Much assistance will doubtless be rendered by those physicians who are personally acquainted with members of Congress, by explaining the merits of the appeal made, but this Association certainly ought also to continue its efforts; and the passage of the following resolutions is, therefore, recommended:—

Resolved, That this Association learns with regret that no action was taken by the last Congress upon its recommendation in behalf of the medical department of the United States army, and that we respectfully renew our petition, that Congress will enact such a bill, for the benefit of the medical department of the army, as will secure to its officers that share of rank and promotion to which we consider they are entitled, and which should be at least fully equal to that enjoyed by any other staff corps, or by the medical corps of the navy.

Resolved, That a committee of five be appointed to call the attention of Congress to this subject, and the petitions which were forwarded to the last Congress by the physicians of the United States.

J. M. Toner,
Chairman of the Committee.

MEDICAL DISCOVERIES.

The address of the president of the Section on Practical Medicine, by Dr. Austin Flint, of New York, one of the most distinguished of living practitioners, was then announced, amid the plaudits of the assembly. He began by saying that he had the honor to submit a rather imperfect report upon medical discoveries for the past year, the reading of which would occupy some twenty or thirty minutes.

The subject-matter of the essay referred to alcoholism, motor centres, new remedial agents, transfusion of blood, and the natural history of crime. The changes of alcohol in the system, and its medicinal uses, were dwelt upon at some length. Some held that alcohol passes into the blood and is expelled through the emunctories unchanged, while others denied this, and held that it was appropriated by the animal economy. Well-conducted experiments, however, went to prove that when alcohol was thus taken into the system, the proportion excreted by the kidneys, lungs and skin is exceedingly small, the greater part being destroyed in the body. What becomes of it? This remains to be answered by further experimental researches. Six hundred grains of absolute alcohol can be disposed of without injury to the bodily functions of a healthy adult. It is accordingly employed in the treatment of many conditions of disease, though its use is not based upon any ascertained facts concerning its elimination.

The physiological investigations during the past year in relation to motor centres of the brain convolutions was then touched upon, and likewise with reference to newly-discovered remedial agents, when the lecturer passed on to the consideration of the transfusion of blood.

While there were many experiments performed in the transfusion of the blood of one animal into the veins of another of unlike genus, and of the blood of a lamb into the veins of a man, himself a physician, in one instance, there were certain curious results noticed, but nothing positive had been elaborated that would justify the positive advocacy of any reliable feature or theory of practice. The subject was not without interest or promise, however, and afforded an ample field for any one whose zeal for the advancement of medical knowledge in that direction was equal to the task of an investigation, and which could hardly fail, eventually, to be of signal advantage to the profession.

The closing feature of the paper had reference to the natural history of crime, in which the query was announced concerning the possible connection of individual tendencies to the commission of crime with corresponding diseased conditions of the organization. It was very ingeniously and elaborately put forth, together with the possibility, finally, of medical treatment for such conditions, under specific classifications, as in the case of real diseases. This, of course, implied a discussion of the responsibility for criminal acts, which should, however, offer no hindrance to enlightened investigation.

The bulk of the essay embraced the consideration of this last topic, and the effort was listened to with the most profound attention by the large audience. It was accepted and referred to the Section of Practical Medicine, and will be published in the annual report of the Association. By a unanimous vote Dr. Flint was authorized to continue the researches alluded to in his paper.

INTERNATIONAL CONFERENCE.

The report of Dr. Toner, suggesting the organization of an international medical association, in which the profession in America should be represented, the said association to meet in Brussels, for the purpose of agreeing upon a system of nomenclature, registration, etc., etc., was referred to the Committee on Nominations.

The committee appointed by the Association, at its meeting last year, to select a medal to be presented to each member, reported that it had selected a die with the vignette of Dr. N. S. Davis, the founder of the Association, on the obverse side, and with the name and date of said society upon the reverse; and that it had arranged for the manufacture of the medal, in bronze, at the mint in Philadelphia, at a cost of $1.12 each, the twelve cents being for postage. The report was received, and the committee instructed to order two hundred of the medals.

RESOLUTIONS OF SYMPATHY.

Dr. S. B. Todd, of Lexington, announced that Dr. John B. Jackson, of Lexington, chairman of the Prize Essay Committee, was lying ill at his hotel, and moved a resolution expressive of the sincere regret of the Association that he is unable to participate in its deliberations, and tendering him the sympathy and condolence of the body at large. The resolution was submitted in writing and unanimously passed.

The Convention then adjourned till 9.30 o'clock the following morning.

Third Day.

The Association was called to order at 10 o'clock, a half hour later than the time appointed for opening the session, with Dr. Bowling, the president, in the chair.

The secretary read an invitation from the Social Science Convention, that convenes in Detroit, May 11–14th, to the American Medical Association, to attend the deliberations of that organization. The invitation was received and filed.

DELEGATES TO EUROPE.

A number of the members having signified their intention of going abroad this summer, it was decided that they should consider themselves delegates to the International Conference, to meet at Brussels in September. The

following gentlemen were given credentials to that effect:—

Dr. J. A. Adrian,	Dr. E. C. Harwood,
Dr. J. C. Hutchinson,	Dr. H. D. Hulton,
Dr. J. C. Huff,	Dr. H. R. Warner.

PRIZE ESSAY.

A communication was read from Dr. Seelye, of Alabama, offering a prize of $100 for the best essay on Bright's disease of the kidneys, the merits of the production to be passed upon by a committee chosen from the Association.

A pamphlet was received relating to Florida climatology, and the secretary was instructed to have it spread upon the minutes.

Dr. D. S. Reynolds was accorded permission to read a paper before the Association at its next annual meeting, relating to his observations on the mechanism of the eye.

DELEGATES TO CANADA.

The Association, during the session of the day previous, had received the following resolution from the Canada Medical Association:—

Resolved, That in consideration of the best interests of medical science, it is desirable that a medical conference should take place between the American Medical Association and the Canada Medical Association, at some central point.

On motion of Dr. E. H. Wood, the suggestion implied in the above was approved, by the following action:—

WHEREAS, The Canada Medical Association has adopted and forwarded to this Association the above resolution, be it

Resolved, That a committee of thirteen be appointed by this Association, whose duty it shall be to confer with a like committee of the Canada Medical Association, at such time and place as may be agreed upon by the joint committee of the Associations.

The following gentlemen were appointed the committee:—

Dr. S. D. Gross, Pennsylvania.
Dr. John T. Hodgin, Missouri.
Dr. Austin Flint, New York.
Dr. Willoughby Walling, Kentucky.
Dr. T. C. Lane, California.
Dr. Wirt Johnson, Mississippi.
Dr. Wm. Brodie, Michigan,
Dr. J. M. Toner, Washington.
Dr. T. D. Cunningham, Virginia.
Dr. E. Andrews, Illinois.
Dr. Wm. B. Atkinson, Pennsylvania.
Dr. H. I. Bowditch, Massachusetts.
Dr. Robert Bartholow, Ohio.

The object of this conference is the consultation upon medical subjects, and mutual exchange of views in regard to scientific topics, and the establishment of closer relation between the two national associations.

RESOLUTION OF SYMPATHY.

At this point Dr. Austin Flint arose and addressed the chair:—

MR. PRESIDENT—During the present meeting of the American Medical Association, we have missed the familiar face and the active co-operation of one of the most distinguished members of our profession in the city of Louisville—Dr. Lewis Rogers. He is ill, and has been so for some months. Under these circumstances it seems proper that the Association should express a tribute of respect to, and sympathy for our worthy colleague. I, therefore, offer the following resolution:—

Resolved, That the American Medical Association tender to Dr. Lewis Rogers regret for the illness that has deprived the Association of his presence and aid in the proceedings, and our hope that the profession and the community may again be blessed by his return to the enjoyment of health.

The resolution was adopted with unanimity.

CREDENTIALS.

Dr. Richardson, from the Committee on Credentials, reported that it had been deemed advisable to refer to the Committee on Ethics the question of the eligibility of the Marion County Medical Association of Indiana.

CURTIS MEMORIAL.

A communication from the Sacramento Medical Society was received, announcing the decease of Dr. Ed. M. Curtis, one of the most noted physicians of the Pacific coast, and inclosing a memorial, eulogizing his life and character.

TREASURER'S REPORT.

The report of the Treasurer of the Association was read and received. The organization was shown to have attained a degree of financial prosperity greater than ever before in its history. There was a cash balance in the exchequer of $3022.41.

M'DOWELL MEMORIAL FUND.

Dr. J. Marion Sims, of New York, obtained the floor, the announcement of his name evoking loud applause. He arose to submit a report from the special Committee appointed to devise plans for the establishment of the McDowell Memorial Fund. He spoke earnestly in behalf of the report, urging the Association to be mindful of the obligations that the medical profession and humanity in general were under, to the great "Father of Ovariotomy." The following is the report:—

WHEREAS, it is universally acknowledged that the late Ephraim McDowell, of Kentucky, was the originator of the operation of ovariotomy; and,

WHEREAS, we believe that proper measures should be instituted to commemorate this great achievement and do appropriate honor to its author; therefore,

Resolved, That this Association recommend to each of its members and to the profession generally, to contribute annually such sums as they may think proper, until the amount of $10,000 shall be accumulated, which shall be

known as the McDowell Memorial Fund, the interest of which shall be devoted to the payment of prizes for the best essays relating to the diseases and surgery of the ovaries.

Resolved, That this fund shall be invested by trustees, to be appointed by the Association, and subject to such regulations as it may desire.

Resolved, That the association shall elect a a board of three trustees, whose duty it shall be to carry out the object of these resolutions, and whose term of office shall continue five years.

Resolved, That this Association will leave to the State of Kentucky the grateful privilege of providing a local memorial to the memory of Dr. McDowell. Respectfully submitted,

J. Marion Sims, New York,
Washington L. Atlee, Pennsylvania,
W. T. Byford, Illinois,
J. M. Keller, Kentucky.

Upon the adoption of the report, Dr. Gross addressed a few remarks to the Convention pertinent to the matter. He said that in 1852, in conjunction with a number of physicians of Kentucky, he had investigated the claims of Dr. McDowell to the origination of the operation that has been of such incalculable good to mankind, and it was then established beyond all question that to him belonged all the honor of having first introduced the operation. He concluded his remarks by subscribing $100 to the fund.

CENTENNIAL CONFERENCE.

Dr. Gross, as chairman of the Centennial Medical Commission of Philadelphia, announced that it was designed to hold an International Medical Conference in Philadelphia during the Centennial celebration. He then read from a circular the purport and plan of the movement. The Philadelphia County Medical Society, embracing nearly two hundred members, many of them of high professional distinction, animated by a just spirit of patriotism, and an earnest desire to unite with its fellow-citizens in celebrating the centennial birthday of American Independence, have projected an International Medical Conference. Arrangements have been perfected to hold the session during September, 1876. Addresses will be then read, illustrating the advance in the profession during the past one hundred years. Invitations have been sent all over the world. The hospitalities of Philadelphia are proffered. Delegates will be expected from the association and from State societies.

QUESTIONS OF ELIGIBILITY.

Dr. S. W. Benham, of the Judicial Council, made the following report:—

The Judicial Council of the American Medical Association would respectfully report as follows:—

"In reference to the difficulties existing between the Allen County Medical Society, of Indiana, and the Fort Wayne Medical Association, of Indiana, would respectfully refer the whole subject to the State Medical Society of Indiana for adjudication. In reference to the Arkansas State Medical Association, the following resolution was adopted, to wit: That the delegates of the said State Medical Association should be admitted to proper registration at this meeting of the American Medical Association; also that the protest of the local societies of Arkansas be referred to the State society for adjudication."

The name of Dr. Sweeney, as a delegate from the State Medical Society of Kentucky, was rejected, for the simple reason that that State had already sent its full complement of delegates to this Association.

The following resolution in regard to delegates from the College of Physicians and Surgeons of Louisville was passed:—

"That the list of delegates appointed by the society known as the College of Physicians and Surgeons of Louisville, Ky., consisting of Drs. Turner Anderson, Wm. Baily, D. W. Yandell, Lewis Rogers and G. W. Holland, are the lawful and proper delegates from that society, and that the Committee of Arrangements should correct the registry of members for this meeting of the Association in conformity thereto.

"Also, in reference to the Academy of Medicine of Louisville, that the action of the Committee of Arrangements in declining to receive and register the names of all the delegates appointed by the Society known as the Louisville Academy of Medicine is approved as correct, simply because it is believed that the Association had already received from the State Medical Society of Kentucky, and the local societies in Louisville having a prior active existence, the full number of delegates to which the profession of Louisville are entitled under the present constitution of this Association."

THE TRANSFUSION OF BLOOD.

The hour having arrived for the reading of a paper upon the subject of Transfusion of Blood, by Dr. H. M. Moore, of Rochester, New York, that gentleman then appeared and interested his audience upon the comparatively new subject set forth in his essay, of which the following is an abstract:—

"Various methods of proceeding have been proffered by the disciples of transfusion. When first successfully performed it excited the highest hopes of friends, and attracted the attention of the great, who were interested spectators of the operation, and who predicted for it great therapeutic value. They indulged themselves in visions of life transmitted to the moribund patient from the superabundant supply of friends who would interpose a timely supply of healthy blood, and they, in their new-found zeal, almost imagined that death had been practically vanquished, and that youth, by this means, would be insured to the aged and decrepid. But the practice in this early day did not fulfill the expectations predicted of it, and, after a time, it ceased to be regarded as having any

practical significance. In more recent times the subject had been revived, and the attention of the profession fixed upon it by a published article from a celebrated physician in Geneva, who described the operation as practiced in St. Petersburg, which had not only been attended with marked success, but had enlisted the attention of royalty itself, together with that of the most distinguished physicians of the Russian empire. The operation was designed for the relief of those losing blood in battle, but soon became of more extended application, and old hopes soon became revived in modern science. Yet, as the speaker remarked, it must be confessed that our knowledge, even to the present time, concerning the therapeutic value of blood transfusion is decidedly limited.

"This operation, with all the wonderful advantages claimed for it, was not a sudden discovery, but grew out of the experiments of Dr. Christopher Wren, in injecting medicinal substances into the veins; while this, in turn, grew out of Harvey's discovery of the circulation of blood, in the early part of the Seventeenth century. In 1665, two continental physicians prosecuted a series of experiments upon the lower animals, in respect to blood transfusion, but without any notable degree of success. Laner, another physician, took up this line of investigation in the same year. He connected the carotid artery of one dog with the jugular vein of another, and varied the operation at different times in respect to others; and, though not remarkably successful in these experiments, he thought, upon the whole, that he detected some results which were favorable to the theory.

"Another experimenter passed the blood of a calf into the veins of a dog, but such being an infringement upon the laws of nature, the result proved a failure. The first operation of transfusion in the case of a human being occurred in Paris. A young man, sixteen years old, who had been suffering two months from an obstinate fever, had introduced into his veins eight ounces of arterial blood from a lamb, and, notwithstanding the shock to his system, all unfavorable symptoms passed away, and he finally recovered. The case of a man, aged forty-five years, was cited, into whose veins were introduced ten ounces of the arterial blood of a lamb. He was not at all incommoded by the operation, and even went the next day to have the operation repeated. Another man, reduced by dysentery, was transfused with the blood of a calf, and revived in twenty-four hours, but when it was found necessary to repeat the process, such proved of no avail. Another case cited referred to that of an insane man, into whose veins were introduced, at one time, ten ounces of the arterial blood of a calf, and at another, six ounces more. He seemed somewhat better, in consequence, and a third transfusion was made, in which a larger quantity of blood was injected, and finally, upon recovering, his reason was supposed cured, but in a few days thereafter he gave up the ghost.

"Such fatal experiences at length checked inquiry and enthusiasm in this direction, and as late as the year 1868 interest in transfusion had almost entirely disappeared.

"In recounting the later experiments of transfusion, reference was made to the variety of procedure in such investigation, in which arterial blood was introduced into the veins, venous blood into the arteries, and each kind of fluid, with its fellow, as introduced from animals into the human system, and from one human being to another. Instances were also given, in which defibrinated blood was injected into both arteries and veins. In the experiments thus enumerated, reference was also made to the direct admixture of the blood of one animal of different species or genus with that of another, as, for instance, the blood of birds with that of quadrupeds, quadrupeds with birds, that of cold blooded animals with the warm blooded, and *vice versa;* but only in those nearest of kin or allied in species were the results proved to be favorable, in which the vital functions were restored, and the new forces re-established.

"The danger attending the original experiments was the accidental introduction of air into the veins, the result of which, in all cases, is immediate death. There was also another drawback to the success of this operation at that time, which was the coagulation of blood before it could be speedily introduced from the veins of the donor to those of the recipient. And accordingly the minds of those engaged in the prosecution of this matter were taxed to invent instruments and appliances by means of which these difficulties could be overcome. Improvements in this direction had gone on, until at present the apparatus in use was found to answer all practical purposes, and all liability to the accidental ingress of air into the veins was avoided, while it insured such a speedy transfer of blood from the donor to the recipient as effectually prevented any tendency to thickening or coagulation thereof. Engravings of the several kinds of instruments used for this purpose were exhibited and explained by the lecturer."

To give some idea of the manner of using the instrument preferred by the speaker, two boys were seated on the stage, close together, one representing the donor, from whom the blood was to be taken, and the other the recipient of the life-giving fluid. The latter, however, as the speaker observed, must always occupy the recumbent position, and the former that of sitting. The arms of both were extended and made to approximate to each other, the operator standing behind them in order to demonstrate, which position, he remarked, was the position the surgeon should assume in this operation. First, the skin over the cephalic vein of the recipient must be clipped, to lay bare that vessel, which was to be further isolated from adhering tissues, in order to be gotten at successfully. That of the donor was to be held in ready juxtaposition for the operation. The instrument consisted of a small silver tube, four

or five inches long, with a small gutta percha bag adjusted to an attachment at its centre. When one end of this instrument was introduced into the vein of the donor, the speedy filling of which was to be insured by a ligature above the bend of the arm, the bag would soon be filled with blood. The connection of this with the vein was then to be severed, and the contents of the bag introduced gently through the other end of the instrument, which, in the meantime, was to be inserted into the bared vein of the recipient.

The consideration of this subject seemed to be exhausted, so far as the present state of knowledge upon the matter is concerned, which yet affords a wide, interesting and useful field for investigation.

This was followed by the reading of an essay, by Dr. Byford, of Illinois, upon the treatment of "Uterine Fibroid Tumors," which occupied the remainder of the session. It was also well received and referred for publication.

The Association then adjourned until 9·30 A.M.

Fourth Day.

The fourth session was called to order at 9.30 o'clock, A. M.

The committee on cultivation of the cinchona tree in the United States, which had been continued from year to year, reported that no progress had as yet been made. The report was received and the committee discharged.

Dr. Keller said that it had been customary to vote at the close of each session an amount of money necessary to defray the expenses of some of the offices of this Association; but he thought that such should not lie over for a year before being acted upon.

This matter was disposed of by the adoption of the following resolution:—

Resolved, That all motions involving the authorization of expenditure of funds, except the expenses of the Committee on Publication and salary of the secretary, shall be referred to the judicial council for recommendation before final action be taken upon them by the Association.

DELEGATES TO CANADA.

The following gentlemen were appointed delegates to the Canada Medical Association:—

Dr. S. D. Gross, Pennsylvania.
Dr. Turner Anderson, Kentucky.
Dr. Willoughby Walling, Kentucky.
Dr. Wm. B. Atkinson, Pennsylvania.
Dr. Wm. Brodie, Michigan.
Dr. E. T. Easley, Texas.

The president and secretary were allowed power to add names to both as may be desirable.

M'DOWELL MEMORIAL TRUSTEES.

In accordance with the action of the session of the day previous, the following gentlemen were chosen trustees of the McDowell Memorial Fund:—

Dr. W. L. Atlee, Philadelphia.
Dr. W. H. Byford, Chicago.
Dr. J. D. Jackson, Danville, Ky.
Dr. J. M. Keller, Louisville.
Dr. J. Marion Sims, the president, ex-officio chairman.

Dr. Wood, from the Committee on Nominations, reported the following gentlemen to fill the various offices of the Association:—

President.—Dr. J. Marion Sims, of New York.

Vice-Presidents.—First, Dr. John D. Jackson, of Kentucky; second, Dr. Samuel Lilly, of New Jersey; third, Dr. N. Pinkney, of United States army; fourth, Dr. S. D. Seelye, of Alabama.

Treasurer.—Dr. Casper Wister, of Pennsylvania.

Librarian.—Dr. William Lee, of District of Columbia.

Committee on Library.—Dr. Johnson Eliot, of District of Columbia.

Assistant Secretary.—Dr. Richard J. Dunglison, of Pennsylvania.

Committee on Arrangements.—Drs. William Pepper, chairman; Frank Maury, Albert Fricke, A. Hewson, S. W. Gross, William Goodell and Thomas M. Drysdale.

Committee on Publication.—Dr. F. G. Smith, Thomas M. Drysdale, Albert Fricke and Wm. B. Atkinson, all of Philadelphia.

OFFICERS OF SECTIONS.

Practice of Medicine, Materia Medica and Physiology.—Dr. F. G. Smith, of Pennsylvania, chairman; Dr. B. A. Vaughn, of Mississippi, secretary.

Obstetrics and Diseases of Women.—Dr. Samuel C. Busey, of District of Columbia, chairman; Dr. R. Battey, of Georgia, secretary.

Surgery and Anatomy.—Dr. Alonzo Garcelon, of Maine, chairman; Dr. E. T. Easley, of Texas, secretary.

Medical Jurisprudence, Chemistry and Physiology.—Dr. E. L. Howard, of Maryland, chairman; Dr. E. L. Hurlburt, of Illinois, secretary.

State Medicine and Public Hygiene.—Dr. R. C. Kedzie, of Michigan, chairman; Dr. Ezra M. Hunt, of New Jersey, secretary.

CLIMATIC INFLUENCES.

Dr. Franklin Staples, of Minnesota, was appointed to report on the influence of Minnesota climate on pulmonary diseases; Dr. Charles Dennison, of Colorado, to report on the same in Colorado; and Dr. E. T. Sabal, of Florida, to report on the same in Florida.

DR. BOWDITCH, ON HYGIENE.

The hour having now arrived for the reading of a paper by Dr. Bowditch, on Public Hygiene, that gentleman appeared, in response to the notification. Instead of giving a treatise on hygiene proper, embracing recent discoveries and suggestions in reference thereto, the speaker said he preferred to consider the propriety of the organization of a National Council of Health.

The attempt to organize such a council, how-

ever, could only be made successful by the union of sentiment and labor between State medical societies and this National Medical Association itself, and much, therefore, remains to be done before this great end can be accomplished. It would be unwise and precipitate, when there are so few State medical societies, to agitate the matter in Congress at this time. Physicians had to be educated to this end, the public must be gradually inducted into the merits and advantages of such a measure, while Congressmen themselves needed wholesome instruction in hygienic science, before the general mind could be made to feel the necessity for the establishment of such a means of protection to the national health. This task must be accomplished by the profession at large, and though years might necessarily elapse before ignorance and prejudice could be removed, still the enterprise, in its wide and beneficent nature, should never be permitted to flag; and when, at last, the result is successfully attained, the effect upon the life, health, wealth, strength and influence of the nation would be such as to secure its perpetuity for the benefit of those who shall succeed us on the stage of life.

The speaker said that he had sent circular letters of inquiry to the secretaries of associations in reference to what had been done in regard to the public health, and, out of thirty-six States, twenty-two had returned a definite answer. Are we in a fit condition for a national health council, to be placed under the guidance of this Association, when so many of our correspondents failed to respond to a few simple questions, requiring only a certain amount of reflection, and scarcely an iota of solid work? Seventeen, out of twenty-two States, have answered with various degrees of reasons in reference to a national council, and afford striking evidence of the indecision of the profession of the country. Six of this number were enthusiastically in favor of pressing the matter.

One gentleman advanced views that few of us would indorse. He says "the health department of the Government is more important than the judiciary." Another said "such a bureau would save millions of money." Another was for establishing it at once, and urged that it would stimulate the formation of State and municipal medical boards. On the other hand, five were doubtful of success, and assigned, as their reason, the probability of political intrigue, or the subversion of the enterprise to pecuniary gain on the part even of men of professed ability. Fifteen correspondents replied in the negative. Five are trying to induce their legislatures to establish boards, three made ineffectual efforts, while five have made no effort toward this end. Of these United States, only eight have State medical boards of health, while twenty-eight have nothing of the kind.

The speaker thought that State medical boards of health should be organized, to be composed of both professional and lay members. In that of his own (Massachusetts), the board consisted of three physicians and four laymen, the latter being citizens eminent for their intelligence and public spirit, one of whom was a civil engineer, who stood at the head of his profession; another was a noted historical writer, while a third was a wholesale leather dealer, who was valuable by his ability to win over the belligerent butchers, who generally fought against sanitary supervision. Concerning the practical advantages to be derived from the deliberations and the authority of a National Council of Health, the speaker proceeded to specify some of these, in the way of general utility to the whole country. In the broad zone of territory extending from Maine to Florida, and from ocean to ocean, there are fertile prairies, vast morasses, lagoons, swamps, etc., and all those portions of our territory must be brought under scientific manipulation in order to fit them for healthy abode. In the past, as at the present time, there are hecatombs of men sacrificed, from ignorance of hygienic laws, and to enable the Government to bring all this under the supervision of a sanitary board is not the work of a moment. He thought that there should be a department of hygiene created by the Government, which should be represented in the Presidential Cabinet. This would embrace the oversight of hospitals, insane asylums, forts, camps, barracks, medical storehouses, etc., to say nothing of the general supervision of that department over its ramified interests throughout the land, in which would be embraced the study and observation of health, diseases, epidemics, climatology, meteorology, etc. In the event of the establishment of this great enterprise, every State should have a councillor, and all be present at any meeting; some, at least, would be able men. Each councillor should hold office for five years, and be re-elected if such should be thought desirable. In addition, the speaker suggested that this Association should have the right to select, every five years, four men as councillors at large, for the nation, to be chosen from four divisions of the country, each man to serve five years. And finally the National Government should be represented in the council by the Health Secretary, Surgeon General and signal officer, that they may be able to answer questions pertaining to their several fields of labor. This would take from this Association some right of nominating in the national council, but the association would still stand higher, in having four representatives. The fact of the constant change of the place of meeting must compel the Association to be more or less sectional in its action, however much it may claim to be a national body. This health association, composed of one from the medical organization of each State, would be of national significance, and as a national body, transacting public business, its members should have reasonable compensation and mileage granted them. But the great object now was to begin to educate the people up to a knowledge of their wants in this direction, and to this end the following re-

solutions appended to the paper were read by the speaker:—

Resolved, That each year, until otherwise ordered, the president-elect and the permanent secretary be directed to appeal, in the name of this association, to the authorities of each State where no State Board of Health exists, urging them to establish such boards.

Resolved, That the permanent secretary is hereby directed annually to report the names of the States where boards of health exist, and also of those which decline to establish them; said report to form a part of the annual proceedings of the association.

PRIZE ESSAYS.

Dr. Yandell, Sr., from the Committee on Prize Essays, reported that they had received a number of essays, carefully written, and marked by various degrees of merit. But, after as careful an examination of them as the committee have had time to make, they were not prepared to recommend any as worthy of the prize offered by the Association. One of the papers submitted to the committee was a work of vast dimensions. It makes four volumes, and an aggregate of more than 1200 pages. The committee found it utterly impossible, in the time at their disposal, to look through this elaborate paper. It treats of "Excision of the Larger Joints," and the committee was of the opinion that it was worthy of examination. Its report was therefore deferred until next year.

OZONE.

The chief of the United States Signal Service was requested, if it is within his power, to note in his daily weather reports the quantity of ozone in the atmosphere in different sections of the country.

SALARY OF ARMY PHYSICIANS.

On motion of Dr. Westmoreland, the Association unanimously adopted a resolution recommending to Congress that the salaries of the physicians of the army be increased.

RESOLUTION OF RESPECT.

Dr. Nathan Davis moved the following:—

Resolved, That in the death of the late Dr. James McNaughton, of Albany, N. Y., we recognize the loss of one of the earliest, oldest and most distinguished members of this Association. One who for more than half a century had been a noble example of the upright citizen, the untiring physician, the enthusiastic teacher, and the true Christian gentleman.

Resolved, That a copy of the foregoing resolution be communicated to the family of the deceased.

Dr. Gross, having in a few remarks testified to the virtues of the deceased, the resolutions were passed by a rising vote.

MASSACHUSETTS EMBRACES KENTUCKY.

Dr. Bowditch led off with a little complimentary speech, of which the following is an outline:—

"This is the first time that I have been in the old Kentucky State, a State for which I have ever entertained the highest admiration. I have known and been connected with many of her great men, politically and professionally, and have consequently been led to think that it was a State filled with great men. I had heard of the hospitality of Kentucky, but I was not prepared to realize the overwhelming nature of the term as understood in the State itself. I came also with the desire of meeting my professional brethren from the South, and wanted to assure them that, however much they had suffered, we also had suffered, and to offer them the right hand of fellowship. He thought the record of the Association would prove one of the strongest bonds in the future preservation of the Union. I have sat down with Southern men, and enjoyed the relation of their experiences upon the fields of battle. The dead of both sections should be held alike sacred, and the time will come when we shall decorate the graves of both Confederate and Federal soldier. I should be delighted to stand by the grave of Stonewall Jackson and throw a chaplet upon it.

"For these reasons I am rejoiced to be here, to find my anticipations far more than realized." He sincerely thanked the physicians of Louisville that they had kept true to their resolution of not allowing the use of wine during the meeting of the Association. If any men should set an example of sobriety, they should be the physicians. He admitted, however, that he himself was in the habit of taking a glass or two of sherry wine daily, but such was not used intemperately.

One of the most charming things connected with the Association was the presence of women. This always tended to harmonize matters, for when men got together they were apt to say things they would not say before their wives. Their influence here had been for good. This, with the absence of wine, had furnished a stimulus that was more praiseworthy and beneficial than any that could be produced by artificial means.

In conclusion Dr. Bowditch offered to the citizens of Louisville the following resolution of thanks:—

"*Resolved*, That the American Medical Association presents its sincere and hearty thanks to the citizens of Louisville, Ky., for the unbounded hospitality with which the Association has been entertained."

A unanimous call was made for a speech from the venerable Professor Gross.

In response to this, the distinguished gentleman, who at the time was sitting on the stage, advanced and attempted to make a few remarks. He began by saying:—

MR. PRESIDENT AND GENTLEMEN—If I were gifted with the eloquence characteristic of the gentleman who has just preceded me, I should indulge in a few remarks. As it is, I can only reiterate the sentiments that have been so beautifully expressed.

COMPLIMENTARY RESOLUTIONS.

Resolutions complimentary to the ladies of Kentucky were passed, without the formality of having the negative put to the house. Votes of thanks were tendered to railroad companies for courtesies shown the Association, and also to Mr. Will S. Hays, manager of the Public Library Hall.

ADJOURNED.

President Bowling then adjourned the Association in the following address :—

Gentlemen—Before the adjournment of the twenty-sixth meeting of the American Medical Association, we may be permitted to congratulate each other upon the general good feeling and perfect harmony that must make it memorable. The cherished members of our calling have graced this meeting with their presence, and lavished the wealth of their ripe experience upon it, and the great city of the meeting literally overwhelmed us with a hospitality whose abundance was only equaled by its elegance. We have seen for ourselves, at this great commercial capital, goodly specimens of the beautiful women and gallant men of a State whose history brings a gorgeous chaplet to eloquence, song and heroism. Gentlemen, the wise utilize all things possible—life, lightning and liberty. We have made conspicuous elements of hygiene, prophylaxis and therapeutics. Let us make useful in the future memories awakened by our surroundings.

We are on the magic land of Daniel Boone, Henry Clay and Ephraim McDowell. What traits of character bear these honorable names to the heavens, and gild them with so divine a light? Will indomitable, and courage that dared all things. The paths of the immortal trio all meet here. Let us light our torches at their altars, and emulate their virtues. Let us will what is right, and dare to do what it indicates.

Gentlemen, we now stand adjourned, to meet again in Philadelphia, the first Tuesday in June, 1876.

Editorial Department.

Periscope.

A Remarkable Nerve Tonic.

Dr. J. J. Caldwell, of Baltimore, in a paper published in the *Virginia Medical Monthly*, gives an account of a Mexican plant called *damiana*, possessing singular aphrodisiac powers. The following cases illustrate this :—

Case 1.—Mr. H., of Carroll county, Md., aged 70, called, June, 1874, to be treated for impotency. As he had just married his fourth wife, he manifested great anxiety concerning his weakened powers. I advised him to try the benefit of the faradic current through the genito-sacral plexus. His occupation being such as to require almost constant travel, he was unable to follow my orders in this particular. I then placed him upon the strong tincture of damiana, in tablespoonful doses three or four times a day, which resulted in a marked improvement in his procreative powers, so that after a few weeks' continued use of the remedy he reported himself "well able to enjoy sexual congress, of course observing a moderation due in a man of his age."

Case 2.—In October, 1874, Mr. M., of Baltimore, informed me that his wife, after a severe illness, with mental trouble, lost all her sexual appetite, her age being 40. Her health being well re-established, I resorted to this nervine tonic with very happy results. Her husband, being robust and vigorous, as a matter of experiment, used the same remedy in tablespoonful doses twice a day, resulting in excessive and almost ungovernable sexual desire; and this has proven true in several other cases of vigorous constitution upon which I have experimented.

Case 3.—Col. L., of Baltimore, aged 55, called, December, 1874, suffering from general debility of the urino-genital organs, attributed to the excessive use of alcohol. He, too, was placed upon the tincture of damiana, and followed it up faithfully for a month or six weeks, with the very best results, greatly increasing the secretion of his urine, besides improving his sexual ability.

Case 4.—Mr. K. has been under my care for over a year, suffering from stricture of the urethra, with extreme irritation of the bladder (sympathetic). The stricture was treated by galvanic electrolysis successfully, by placing an elastic insulated steel-pointed catheter, attached to the negative pole of the galvanic battery, applying the same with gentle pressure, while the positive pole, a zinc plate four inches square, covered with a napkin saturated with salt water, was placed over the sacral spine; these applications made on alternate days, with fifteen minutes' application each. After the stricture had been absorbed and removed by this mode of treatment, the irritability of the parts yielded to the use of the tincture of damiana, in moderate doses, twice a day.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——"The History of the Philadelphia School of Anatomy," is an entertaining lecture, delivered last March, at the dissolution of the School, by Dr. William W. Keen. It is, furthermore, a valuable contribution to the history of medical instruction in Philadelphia (Published by J. B. Lippincott & Co., Philadelphia).

——A Paper before the New York Society of Neurology and Electrology, by Dr. A. D. Rockwell, is entitled "The Relation of Electro-Therapeutics to Electro-Physiology." It vindicates in strong terms the results of electro-physiological studies (Published by Wm. Wood & Co., New York).

——We acknowledge—

Case of Intra-Laryngeal Tumor, by Dr. Beverly Robinson.

Report of the Eye and Ear Institute, of the Philadelphia Dispensary.

Report of Wills Ophthalmic Hospital.

BOOK NOTICES.

What Young People Should Know: The Reproductive Function in Man and the Lower Animals. By Burt G. Wilder, Professor of Comparative Anatomy and Zoology, at Cornell University, etc. With 26 Illustrations. Boston, Estes & Lauriat. Cloth. 8vo., pp. 212. Price $1.50.

Within the last six or eight years there has been a marked relaxation in the severity with which medical facts were withheld from the public. No longer ago than the period mentioned, it was considered quite derogatory for a medical writer to express any but the most jejune teachings to the general public. Some independent and honest minds threw aside these absurd notions, and met with criticism as unjust as it was severe.

Very tardily the rank and file of professional writers are following in their footsteps. It is beginning to be acknowledged that the public should be taught what it is important for them to know; and that the study of physiology is not necessarily degrading.

The reproductive powers are peculiarly apt to be associated with mystery, and their study tabooed with violence. In the work before us an eminent anatomist deliberately comes forward, and in a book, no line of which can call a blush to the most sensitive cheek, explains, in clear and simple language, the structure and functions of the elements of generation, and draws from their consideration the precepts of health and hygiene, which will save the individual from unwitting abuse of his powers.

The work is divided into three parts, the anatomy, physiology and hygiene of human reproduction, to which are added an appendix answering the objections to the propriety of publications such as the present, a second giving the views of Claude Bernard on embryonic evolution, and a third containing a bibliography.

In parts the explanations seem too technical for the general reader; the minute description of embryological development is instructive to scientific students, but we fear will not be entertaining to those who have never seen these specimens in nature.

With the author's remarks on hygiene we thoroughly concur. They are true and necessary, and the youth who will read them with intent to practice them, will find in them a guide whom he need not distrust, which can be said of few of the books on such subjects which fall into his hands.

Health Officer's Annual Report of the Births, Marriages and Deaths, in the City of Philadelphia, in 1874. Philadelphia, 1875. pp. 162.

This report, compiled as carefully as the nature of the system of returns adopted permits, indicates a total, during the year, of 19,387 births, 6639 marriages, and 16,315 deaths. This, on the estimated population, gives a mortality of 19.66 per thousand, a very satisfactory result, if it is dependable, but probably a better showing than real accuracy could exhibit. As usual, consumption of the lungs calls for much the larger number of victims, the number of deaths registered under this head being 2304. No epidemic prevailed seriously during the year, scarlet fever being the most conspicuous, to which 354 deaths are attributed. Among the deaths twelve are assigned an age over one hundred years, and two of these over one hundred and ten.

THE

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THE AMERICAN MEDICAL ASSOCIATION.

The Proceedings of the American Medical Association, which are reported in this number of our journal, have an interest for every physician in the United States, whether he is a member of the organization or not, and this independent of the scientific value which attaches to the utterances of men known throughout the world for their thorough professional qualifications.

The interest to which we allude is that illustrated in the union of professional aims, in the consolidation of the power of the guild to accomplish—not objects of personal ambition and individual emolument—but benefits to the whole people of this country, sanitary reforms, legislative protection from charlatanism, the prevention of sophistication in drugs, and kindred objects. No one who feels the urgent need of such things will refrain from lending his aid, or at least his voice, in bringing them about. And although he may not, for personal reasons, deem himself called upon to assume a prominent part in their advocacy, he will not allow indifference or jealousy to prevent him from applauding and cheering those who devote their time to such public interests.

It is so much easier to find fault and point out defects and fallibilities than resolutely to set to work with the determination of success, that the Association has been more frequently censured with rancor for its misses, than applauded for its hits. Strange, indeed, if, in the quarter century of its life, during a period when our country was torn asunder by the bitterest feuds, it had not exposed itself to just strictures. It has done so, and they have been administered in friendly, though direct terms, in this and other journals; but never has the Reporter descended to such false charges as that the Association is a local and partisan body, "the creature of a few self-seeking leaders, the representative of but a part, and that the lesser part, of the American medical profession. Such charges have been made, and no long time since, by the noisy editors of some local medical periodicals. The very emptiness of these criticisms were their own refutation.

In the proceedings of the last two meetings of the Association, the impartial reader will find nothing that he will wish were undone, much that he is glad to learn as done and as doing. The scientific work in the Sections is growing more and more in value, the attendance is increasingly large and truly representative, barren discussions of questions of privilege are banished from the record, and the topics which should properly come before the Association, because they concern the professional man, wherever he is in our broad land, are more and more the subjects of debate.

Next year the Association has decided to hold its session in this city, where, at the same time, the nation at large will be engaged in celebrating the hundredth anniversary of its life as an independent State. No action could be more appropriate. The reunion in Philadelphia will

be enlivened by the vast concourse of visitors from all the States of our Union, and many from remote climes. An exhibition of the resources and industries of our land, such as never again will any one of this generation see, will be spread out for the entertainment of the members. And thus a double incentive will be offered for a complete representation of every local Society in the United States.

We look forward with confidence to such a result, and we predict that the next session will surpass, in enthusiasm, good feeling, and good results, any of its predecessors.

Notes and Comments.

Professor de Mussy on Poly-pharmacy.

This eminent teacher says, in his *Clinique Medicale*:—

"Because, in bygone times, the most heterogeneous mixtures were used, or rather abused, in medicine, some physicians cover with ridicule, and seek to crush under the nickname of poly-pharmacy, the combinations in a prescription of medicines not chemically incompatible, and tending to one end. This exclusiveness, now very prevalent in Paris, does not commend itself to my mind as logical. If you are experimenting on the action of a given remedy, isolate it by all means, as perfectly as possible; but if your object be to benefit your patient by using drugs whose action you believe you know, what possible objection can there be to combining them, if not chemically incompatible, and if the stomach will tolerate the compound? In a battle all sorts of weapons are used simultaneously, and their action is concentrated on the point judged most important. This pharmaceutical purism seems to me exaggerated; but I must not be understood as recommending mixtures when a single drug is sufficient, or as wishing to recur to the age of elixirs and electuaries. *In medio stat virtus.*"

Statistics of Berlin.

Some curious statistics of the mortality of Berlin have been collected by Dr. Schwalbe. He states that at the last census the death-rate among the dwellers in different kinds of habitations was as follows: Among those inhabiting the first floors of houses it was 21·6 per 1000; for the ground-floor inhabitants, 22; for cellar-dwellers, 25·3. The death-rate in second-floor rooms was 21·8; in third-floor, 22·6; and in fourth or higher, 28·2. The mortality was thus greatest in the cellar-dwellings and those of the highest floors in houses, that in the latter exceeding the former. This difference is less obvious and even reversed when the factor of social well-being is taken into account, for it appears that the inhabitants of the attics of Berlin are, as a rule, poorer than those of the cellars.

Use of the Stomach-pump.

Washing out of the stomach, and the aspiration of liquids secreted by it, is more and more practiced in Germany, since Kussmaul highly praised this method. Dr. Schliep uses it in nearly all affections of the stomach, especially in chronic gastritis, with or without dilatation. The cure of chronic catarrh, according to his account in the *Deutsche Klinik*, vol. xiv, would require but a limited number of applications, In simple catarrh five would suffice on an average. He uses this method even in the dyspepsia of consumptive patients. In dilatation of the stomach, he empties that organ with the pump every day. He performs the washing out, even in cancer, with pure water; or adds bicarbonate of soda to the water, if the liquids be very acid; or permanganate of potash, if these liquids show signs of fermentation; carbolic acid, when they contain vegetable parasites; boracic acid, as a disinfectant, and tincture of myrrh, in atonic dyspepsia with abundant secretion of mucus.

Excision of Tonsils.

The *Lancet* says that a writer in the *Revue de Thérapeutique Medico-Chirurgicale*, for March 15th, in a note upon amygdalotomy, suggested by a new guillotine, states that the operation is sometimes attended with fatal hemorrhage, but that it is never necessary to remove the whole, or even the greater part of a tonsil, the cicatrization following on removal of the superficial parts alone sufficing to reduce its size; nor is it essential to operate on more than one of these organs. Strong preference is given to the employment of the guillotine over the bistoury, because of the inutility of removal of large portions, and the less liability to accidents. In support of the necessity of operating speedily in certain cases, a melancholy instance is given

from the practice of the writer, in which the patient, a girl of sixteen years, suffering from angina, with great enlargement of tonsils, literally died from asphyxia, from excision being deferred, at the instance of a colleague who thought hemorrhage would be very severe, and that the case would speedily get well if left alone.

Adulteration of Intoxicants.

Raw alcohol is bad enough, but not the worst which bar-room frequenters have to swallow. An English report states that a public analyst officially examined 170 samples of intoxicating drinks, with the result that a large proportion were found to be adulterated. The ales tested were sophisticated with cocculus indicus, than which a more pernicious adulterant cannot be found; they were also largely impregnated with salt, and occasionally contained colchicum. Some of the brandies underwent most complicated processes, in which a preparation of cayenne pepper played a considerable part, before being sold to the unfortunate consumers. Teetotalers will be interested to learn that "Good Templars' claret" is mainly composed of decoction of logwood, free sulphuric acid, and impure spirit containing much fusil oil. We have no doubt the adulterations are still worse in this country, where sanitary inspection of beverages is unknown.

The Sleep of Plants.

Sir John Lubbock, in one of his recent works, calls attention to a remarkable peculiarity of plants and flowers, with reference to their relation to insects, the habit of "sleeping" which characterizes certain species. The habit of closing their petals during rain is obviously to prevent the pollen from being washed away. But why should flowers go to sleep?

"In animals we can understand it; they are tired, and require rest. But why should flowers sleep? Why should some flowers do so, and not others? Moreover, different flowers keep different hours. The daisy opens at sunrise, and closes at sunset, whence its name, 'day's eye.' Many open and close, it appears, at particular hours, as if to guard against the robbery of the pollen by insects incapable of fertilizing flowers; while wind-fertilizing flowers never sleep, and night-flowering blossoms are generally deficient in the attractive scents, spots and lines which serve as honey guides to bees."

Homœopathists as Members of Medical Societies.

The objections to admitting homœopathists as members of regular medical societies are well put by the editor of the *British Medical Journal*. He remarks that it "would involve an admission which cannot, we think, be fairly made, the admission that they are capable of fairly weighing medical evidence and discussing profitably questions of medical science and practice. So long as they call themselves homœopaths, and profess the absurdity of basing their whole theory and practice of medicine upon the doctrine that *similia similibus curantur*, we do not see that they can expect to be treated otherwise than spiritualists are treated by reasonable persons, with personal courtesy but professional and polite contempt. Homœopathy, like spiritualism, is not truly a doctrine in any scientific sense, but an abnegation of reason. It is quite certain that it has been largely supported, like spiritualism, by trickery; and that its professors may be broadly divided into dupes of nature and sciolists in art."

Ethiops Mineral.

Our readers are already acquainted with the advocacy of Ethiops mineral (black sulphuret of mercury) by Prof. Socrates Cadet, of Rome. A translation of two of his late pamphlets appears in the Charleston *Medical Journal and Review*, by Dr. Porcher, accompanied by a recommendation, which we repeat, to give this substance a fair trial. We have also been favored with the perusal of a recent letter of Prof. Cadet to Dr. William B. Atkinson, of this city, in which the writer states that the vapors of the sulphuret have been efficient in protecting from the paludal fevers of the Campagna, etc. Equal parts of mercury and flowers of sulphur are boiled in water, in the room, in such quantities that the vapor is not unpleasant. This means is so simple and easy that its use is to be recommended, at least, experimentally.

Quinine as an Antipyretic.

A letter from Germany states that Professor Bamberger, successor to Oppolzer, has been using quinine pretty widely as an antipyretic or dephlogistic. He has found single doses of fifteen grains to reduce very markedly the temperature in pneumonia; and the diminution continues for forty-eight hours; a return of pyrexia is checked by a second smaller dose of quinine. In cases where it is not contra-indi-

cated by age or feebleness, Bamberger now combines with quinine the use of the wet sheet, and with excellent result. Except nourishment and palliation of any troublesome symptom, no other treatment is pursued.

A New Drug.

Elsewhere, in this number, we quote some account of a new drug, *damiana*. Although the gentleman whose account we publish, and the journal from which we quote it, deserve entire respect, we advise our readers to be in no hurry to apply for it until we can publish the results of some inquiries we have made of our Mexican correspondents. It seems, at present, to be too much the property of one pharmacist, and it may be a nostrum in disguise.

Crayons of Iodoform.

The *Doctor* says, M. Gallard prescribes crayons of iodoform, which he allows to remain in the cavity of the neck of the uterus, retained in position by means of a tampon of cotton. These crayons are used with advantage in cases of superficial ulceration of the neck which has invaded the cavity. The formula is:—

℞. Iodoform, in very fine powder, ʒiss
Gum arabic, finely powdered, gr. vijss.

Sufficient mucilage to make into a pilular consistence. Divide into ten cylinders, each about one inch long; dry in the air for twenty-four hours. Each crayon contains a little less than a grain of iodoform. These cylinders are hard and resistant; they may be divided into morsels without breaking.

They become disintegrated in the open air, and much more rapidly in the uterine cavity. In order to preserve these crayons, they should be sealed in a dark and air-tight bottle.

Low Temperature in Excessive Inebriation.

The following case is given by Dr. Shattuck, in a letter from Vienna, to the Boston *Medical and Surgical Journal*:—

A comatose man was brought into the hospital one Sunday afternoon, by the police, who had found him in a freight car on a siding of one of the railways. His temperature was taken, both in the axilla and in the rectum, at least two thermometers being used, and found to be 24.4 deg. C. (76 deg. Fahr). Twelve hours later, it had come up to 33 deg. C. (91 deg. Fahr); and not very long afterwards the man came to his senses, and said that Saturday afternoon he was on a spree, and was *conscious* of having drank *three champagne bottles full of brandy*. He must then have wandered about till he laid himself down in the empty freight car in which he was found twenty-four hours later. He recovered entirely.

News and Miscellany.

The Stamp Duty on Medical Preparations.

The Commissioner of Internal Revenue, in an official letter to a gentleman in this city, states that under present rulings his office holds,

(1.) That all patent and proprietary medicines and medicinal preparations, and all medicines, etc., for which any proprietary claim is made, real or pretended, must be stamped when sold, offered, or exposed for sale.

(2.) That officinal and standard medicines, etc., prepared according to the formulæ published in authorized medical books or journals, put up and labeled simply with the name of the article and the name of the maker or compounder, are exempt from stamp tax, without the "formula and where found" being printed or referred to in any manner upon such label.

(3.) That officinal medicines, etc., put up in a style or manner similar to patent or proprietary medicines in general, the same being in retail packages with labels attached stating the diseases for which they are remedies, stating the dose and giving directions for use, are liable to stamp tax, *unless*, in addition to such matter, as is indicated above, there shall be also printed on the label the formula and the reference to the standard medical book or journal where the formula is found; *or a distinct announcement that the article in question is made or compounded according to a published formula, with a distinct reference to the standard authority where found, in the manner hereinbefore described.* In this latter case such medicines, etc., so put up are not liable to stamp tax.

(4.) Unofficinal medicines, or medicines, etc., made, prepared, or compounded, but not in accordance with formulæ published in any standard Dispensatory or Pharmacopœia, Pharmaceutical Journal, etc., are liable to stamp tax, *unless* the exact formula is printed upon the labels attached to such articles, and unless there is an absence of all claim to any proprietorship in the making or preparing of the same.

Epidemics.

—A despatch from Quebec says the smallpox, which was epidemic in Ancienne Lorette, has much diminished. The cases thus far have numbered 500, and deaths 161.

—Sporadic cases of yellow fever still occur at Key West.

—The cholera is reported as epidemic in the city of Baroda, near Bombay.

Items.

—The Shanghai *Gazette*, alluding to the death of the late Emperor of China, conveys the information that shortly before the Emperor's death a gigantic image, the Goddess of Small-pox, was paraded round the city of Pekin in solemn procession, and then taken into the very bedroom of the dying youth, where it was worshiped and honored with many propitiatory offerings. As, however, the goddess continued obdurate, she was subjected to a severe threshing and other insults, and finally burned. The fatal result of the attack was, we suppose, her revenge for the mal-treatment.

—The Government of India states that they are desirous of every encouragement being given to ladies to study for a degree in medicine, in which case they must attend the full curriculum of prescribed studies; but when the ladies themselves prefer the more limited and practical course of study, arrangements may be made accordingly, and, on the completion of the course of study, certificates can be given by the collegiate authorities of the degree of efficiency acquired in each subject.

—The Glasgow Society for Prevention of Cruelty to Animals has, on the motion of Sir William Thompson, seconded by Prof. Nichol, resolved to petition Parliament in favor of a Bill for imposing proper restrictions on the practice of vivisection.

—It is reported that the Italian Government, following the course it has already adopted on previous occasions, will gratuitously distribute this year five thousand plants of the *Eucalyptus globulus*, for cultivation in the Agro Romano, especially in the spot infected by malaria.

—The Prussian Government has been petitioned to legalize cremation, but has refused, professing itself constitutionally incompetent to grant the permission. A special law passed by the Legislature would be requisite to effect the object.

Personal.

—Dr. T. B. Smith, a prominent physician at Nyack, New York, and President of the local Medical Society, died suddenly, April 14.

—Dr. Edouard Hitzig, of Berlin, who is well known for his researches on the functions of the brain, has been elected to the chair of Psychology in the University of Zürich.

—Prof. Billroth, of Vienna, recently gave a lecture in which he strongly condemned the introduction of females into the ranks of the medical and surgical profession, and went so far as to say that women's mental powers were far inferior to men's on the average, and that the character of their minds unfitted them for the exercise of medicine.

OBITUARY.

DR. WILLIAM S. HENDRIE

Died at his residence, Doylestown, Pa., April 20th, from nephritic disease. Dr. Hendrie was born in Sussex county, New Jersey, in December, 1798. His father, Joseph J. Hendrie, was a native of Scotland, and graduated in medicine at the University of Edinburg, but spent most of his life in the practice of his profession among the mountains of northern New Jersey. William S. Hendrie obtained his diploma from the University of Pennsylvania, in 1823, and practiced in Hilltown twelve years. About 1840 he removed to Doylestown. He took an active part in the political issues of the day. In 1861 he was examining surgeon for the county, under the State militia law, and since the close of the war for the Union he has been medical examiner for the county under the pension laws. He was a Christian in practice, no less than in belief, and in his daily walk always sought to obey the law of the Master he followed. He was a man of remarkable good health, and previous to his last sickness had not been seriously ill for fifty-eight years.

ISAAC J. HUNT, M. D.,

A prominent physician, and a well-known citizen, died at his residence, Utica, New York, January 22d, 1875, of typhoid pneumonia. Deceased was about 53 years old, and was a graduate of Castleton Medical College, Vermont. He leaves a wife and two sons, the oldest of whom is James G. Hunt, a physician and surgeon, a graduate of Jefferson Medical College, of Philadelphia. During Dr. Hunt's long and successful practice in the city of Utica, he was a kind and generous man to the poor, and wore himself out doing good to others. He never flattered or deceived his patients by holding out false hopes. With a clear and accurate judgment, and a kind and sympathizing heart, he ardently devoted himself to the profession. His noblest monument is in the grateful hearts of thousands who have been blessed by his professional skill and made happy by his kindness.

MARRIAGES.

FROWERT—KESSLER.—On January 4th, at the Tioga St. Presbyterian Church, by the Rev. A. V. C. Schenck, Charles G. Frowert, M. D., and Miss Josie Kessler, all of this city.

HAMILTON—WALLACE.—At Pittsburgh, February 25th, by the Rev. J. K. McKallip, Hugh Hamilton, M. D., of Harrisburg, and Miss Florence, daughter of the late Rev. Benjamin Wallace, D. D., of this city.

MATHEWS—ULMER.—At the residence of Joseph H. Brooks, Camden, N. J., April 7th, by Friends' ceremony, Franklin Mathews, M. D., of Temple, Pa., and Annie E. Ulmer, of this city.

DEATHS.

CADWALLADER.—At the residence of his father, William Cadwallader, near Yardleyville, Bucks county, Pa., Dr. D. Willis Cadwallader, of Philadelphia, aged 38 years.

COATES.—In this city, on the 11th inst., Louis M. Coates, M. D., in the 46th year of his age.

HENDRIE.—At Doylestown, Pa., April 20th, 1875, Dr. William S. Hendrie, in the 77th year of his age.

MCCREDY.—In this city, on the 27th ult., Dr. Jeremiah F. X. McCredy, aged 63 years.

SCOFFIN.—In this city, on Monday morning, April 26th, Francis Scoffin, M. D., in the 64th year of his age.

STILES.—In this city, on the 27th ult., Edward Stiles, Jr., M. D., son of Edward and the late Caroline C. Stiles.

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Original Department.

Lecture.

A CLINICAL LECTURE ON A CASE OF DOUBLE HEMIPLEGIA, DEPENDENT UPON CEREBRAL EMBOLISM.

BY JAMES H. HUTCHINSON, M. D.,
One of the Attending Physicians to the Pennsylvania Hospital.
REPORTED BY FRANK WOODBURY, M. D.

I expect to occupy most of the hour this morning with some remarks on a case of more than usual interest, not only because the diagnosis has presented many difficulties, but also because the lesion upon which the paralysis depends is rather a rare one. The patient is now suffering from hemiplegia of the right side, together with ataxic aphasia, but the remarkable feature of the case is that the attack came on as he was recovering from a similar affection of the left side. Most of the patient's history, which I shall now read, was obtained from his wife, by Dr. Gerhard, as he himself was unable, when admitted to the hospital, to give a full account of himself:—

John McA., æt. 44; married; laborer; was admitted to the medical wards of the Pennsylvania Hospital April 7th, 1875. He has been married twelve years, and has had five children, one of whom died of measles, when young, but the others are alive and in good health. He denies ever having had any venereal disease, and there is nothing in his present condition or previous history at all suggestive of syphilis as the cause of his present condition. His first serious illness occurred about seven years ago, when he had acute articular rheumatism. Two years ago he had a second attack, and since then he has presented symptoms referable to the heart, such as palpitation and dyspnœa. In April, 1874, he began to suffer from headache and impairment of memory, and in the early part of May, following, he awoke one night suffering from intense vertigo. His wife observed that he was sweating profusely, and that he had lost all power of motion in the left arm and leg. His mouth was drawn to the left side; there was ptosis of the left lid, and strabismus of one of his eyes, his wife does not recollect which. His mind was a good deal affected after this attack, but he did not complain of headache. There appears to have been some impairment of vision, lasting for about six months. In three or four months the power of motion returned, so that he was able to go about with the assistance of a cane. His eyesight and memory also improved.

On the 19th of March, 1875, after rising from the dinner table, he suddenly fell to the floor, but did not lose consciousness. Upon helping him up, his wife found that he was completely paralyzed on the right side; he was also speechless, but this seems to have been due to paralysis of the vocal organs, and in no degree to loss of memory for words. Three days after the attack he could speak, but he was occasionally delirious. No headache or any other evidence of cerebral excitement followed.

On admission, there is weakness of the left arm and leg, together with complete motor-paralysis of the right side, there being also some contraction of the flexors of the right hand and of the biceps of the same side. The mouth is drawn somewhat to the left, and the tongue deflected to the right. The pupils both respond fairly well to light. There is slight convergent strabismus of the right eye, but no paralysis of any of the muscles of the left. Intellection is exceedingly feeble, but there is no headache. The lungs are healthy. The examination of the heart re-

veals a short high-pitched murmur, systolic in time, and loudest over the apex of the heart, but heard, although faintly, over other parts of the præcordial region and in the left axilla. The pulse is feeble and irregular in rhythm and force. There is no trouble with the bowels or bladder. The urine is acid and pale in color; it does not contain albumen; its specific gravity is 1004. He was ordered iodide of potassium in twenty grain doses, three times daily.

April 12th. Has gained strength in left arm and leg, but paralysis of right side remains unchanged.

April 14th. Better. He takes notice of what is going on about him, and can move the right arm and leg very little. Cardiac murmur is much more distinct; pulse stronger and more regular. The examination of the eyes with the ophthalmoscope yields only negative results.

There is, therefore, in this case, double hemiplegia, paradoxical as the expression may seem to you. The paralysis of the right side was complete at first, involving the muscles of the face as well as those of the limbs, and came on ten months after the loss of motion on the left side, and just as there was reason to believe this was disappearing. Sensation does not appear to have been ever much, if at all, impaired. There was some confusion of the intellect immediately after each attack, which continued after the last for some days, but at no time was there loss of consciousness.

The case requires study, and even after taking into consideration all its features, it is not easy to come to a conclusion in regard to its nature. In the first place, I do not believe the paralysis is due to apoplexy; for the patient, although somewhat past middle-life, does not present the appearance of age. Neither is there evidence of atheroma of the arteries accessible to the finger, and this furnishes at least presumptive evidence that this disease has not invaded the cerebral vessels. Moreover, it is, to say the least, unusual to have an effusion of blood causing paralysis so complete as existed in this case, without, at the same time, loss of consciousness. Again, in the immense majority of cases, the second effusion of blood takes place into the original foyer, because it is here that the vessels are weakest, and, therefore, most liable to give way. This fact does not render the existence of apoplexy impossible; it makes it, however, in my opinion, unlikely.

Secondly. Is there any reason to regard the paralysis as a consequence of constitutional syphilis? I think not, for the following reasons: The patient asserts most positively, and with apparent honesty, that he has never had venereal disease in any form. A denial of this kind would go for very little in the face of symptoms which could only be explained by referring them to this disease, but we have not in this case, and there has apparently never been, any such symptoms. A diligent search has failed to detect the presence of a cicatrix on his penis, and no cicatrices can be found on any other part of his body. He has no enlarged glands, and has never suffered from sore throat, pains in the bones, or falling of the hair. In addition to which he has four healthy children living, the youngest of whom is only twenty months old—an age which renders it improbable that he is now suffering from the effects of syphilis contracted since its birth. Moreover, there is nothing in the histories of the two attacks of paralysis at all resembling what occurs in syphilitic disease of the brain. As a general rule in this disease, the patient suffers, some time before the occurrence of paralysis, from headache, and possibly from some mental disturbance. The loss of power is gradual, not sudden, as in this case. You will remember a patient whom I brought before you a few months ago, with complete paralysis of the left side. In this case there could be no doubt of its syphilitic origin, for the patient had lost some of the bones of the nose and part of the soft palate, and the symptoms yielded when specific treatment was employed. But how different was the mode of approach of the paralysis. First, after a good deal of cephalalgia, a slight loss of power in the hand, a mere inability to carry a cup of tea steadily to her lips. Then a gradual deepening of the paralysis and an extension of it to the leg. Three days later she was still able to walk, supported on both sides, from the reception room to the ward, a distance of about four hundred feet. I placed her upon moderate doses of the iodide of potassium, in spite of which she gradually became worse, and more helpless, until, fearing the supervention of coma, and possibly of death, I increased the amount of the drug to thirty grains three times a day, upon which a rapid improvement took place. In the case before you, we have had two attacks of paralysis, both coming on without warning, which I repeat is not usual in cases of syphilitic disease of the brain, and has certainly

never happened in any of the many cases I have had under my care. Moreover, it is scarcely conceivable that one side of the brain should first be affected from this cause, and then, at an interval of more than ten months, the other side, the part first affected apparently getting well between times, and that, too, without the use of anti-syphilitic remedies. There is, however, one point in the case which may be regarded, not, it is true, as positive proof, but as strong evidence against the existence of an intra-cranial tumor of any kind. I allude to the fact that the ophthalmoscope does not reveal the existence of choking of the optic discs. This has been found in so large a percentage of these cases, that its absence in this particular case, when taken in connection with the fact that there is nothing in the history of the patient indicating that he ever had syphilis, confirms me in my opinion that the lesion is not of a specific character. The same process of reasoning will enable you to exclude from consideration all the other varieties of intra-cranial tumors.

Before going further, it will be proper to call your attention to the fact that the urine is healthy, containing neither albumen nor any other abnormal constituent, and that there is no evidence of disease of any of the thoracic or abdominal organs, with a single exception, the heart. It is, therefore, impossible that the paralysis is dependent upon reflected irritation; indeed, it is much too extensive for this explanation to be satisfactory under any circumstance. I think we must, therefore, seek in the single organ of the body which is manifestly diseased the cause of the patient's present condition. I have told you that the pulse is feeble, and that it is irregular in rhythm and force. I further find, upon comparing the pulsations at the wrist with those of the apex of the heart, that the latter are much more numerous. This not only indicates disease of the heart, but it points to the mitral valve as being the seat of that disease. The increased area of percussion dullness in the præcordial region shows us that there is cardiac hypertrophy, and yet when I placed my ear over the heart I failed, for a long time, to distinguish a murmur, and when detected, it was of feeble intensity. It was heard best at the apex, was short, and remarkably high in pitch. As the patient has gained strength it has become louder, and is now heard in all parts of the præcordial region, and in the left axilla, but it remains loudest at the apex of the heart. I have said that the mitral valve was the seat of disease; the murmur indicates this with sufficient distinctness. I believe that in addition to insufficiency of the valve, there is also some constriction of the orifice. It is true that there is no pre-systolic murmur, but this may be explained by the feebleness of the heart's action. I base my diagnosis, therefore, upon the character of the murmur which is heard. This, instead of being low in pitch and of soft quality, is harsh and high, indicating that the blood, in escaping from the ventricle into the auricle, passes through a narrowed and probably funnel-shaped orifice.

Taking this condition of the mitral orifice into consideration, what is more probable than that there are either vegetations upon the valve, or that clots have formed upon it, either of which admit of being detached and swept on into the current of the circulation, until it is arrested in an artery, the calibre of which it completely fills. You know that the cerebral arteries are occasionally occluded in this way, and this I believe to have taken place in the case before you. Let us see whether all the symptoms can be explained by referring them to this cause. The headache which preceded the first attack of hemiplegia may have been accidental, or what is still more likely, was dependent upon the anæmia of the brain caused by the feeble circulation. It might, indeed, indicate organic disease, but there is nothing to show that such is the case. The attack itself was characteristic of cerebral embolism. It was sudden and accompanied by vertigo, and by some temporary confusion of the intellect, but not by positive loss of consciousness. It is, of course, rare to find first one side of the body affected from this cause and then the other, but if we may find the spleen, as we often do, studded with embolic patches, there is no difficulty in supposing that more than one embolus may occasionally find its way into the brain, shutting off the access of the blood to a part of the organ, which will vary in extent, in accordance with the size of the obstructed vessel. So, too, will there be a difference in the loss of power. If the vessel plugged by the embolus be a small one, the paralysis will be incomplete, and, perhaps, limited to one limb. If it be a large one, it will be complete, as in the present case. But as you can readily understand, the paralysis, when it has once occurred, has no tendency to become greater.

I have met, in the course of my practice, with

at least four other cases of embolism. The first case occurred in the winter of 1860–61, and is fully reported in the Proceedings of the Pathological Society of this city, vol. ii, p. 134. The patient was a girl, 11 years of age, who, after having been under my care for a few days, for valvular disease, was suddenly seized with intense pain in the right leg. An examination showed that no pulse could be felt below the groin, and I was, therefore, able to diagnosticate embolism of the iliac artery of that side, which was found at the autopsy. The second case is also reported in the same series, vol. ii, p. 224, and although, in consequence of the want of care with which the post-mortem examination was made, no occlusion of any of the cerebral arteries was detected, I have never had any doubt of its existence; for, in addition to the symptoms pointing unmistakably to this as the cause of the paralysis, numerous embolic patches in the kidneys and spleen, as well as vegetations on the mitral valve, were found after death. The third case is still under my care, at the Children's Hospital, in this city. The patient, a young girl, æt. 11, was discovered, shortly after her admission for a surgical affection, to have extensive disease of the heart, there being, it was thought, constriction and insufficiency of the mitral orifice. It was observed, one day, that she had lost the use of the left arm and leg, and that the face was drawn to the right. For a long time her life hung in the balance, but, perhaps owing more to good nursing than to any other cause, she still lives, although there continues to be partial paralysis of the left side, the usefulness of the limbs being still further interfered with by the contraction of some of the muscles, which has taken place. The fourth case was also one of cerebral embolism, in which there was only partial paralysis, and which was chiefly remarkable for the great emotional disturbance which occurred at the time of the attack. Like the patient before you, he had a second attack, which, however, affected the same side as the first.

I have left myself but little time to speak of the treatment of the case, and indeed there is little to be said on this point. The feeble pulse is an indication for the employment of tonics and good diet. It occurred to me, shortly after the patient came under my care, that it might be well to place him on large doses of the iodide of potassium, ʒss. thrice daily. My object in doing this was to effect, if possible, some improvement in the condition of the mitral orifice, and by rendering the blood alkaline to prevent the formation of any further clots, and possibly to bring about the solution of those already existing. This treatment may be false in theory, but it has been so far attended with success, and I therefore feel myself justified in continuing it.

Before closing, I will call your attention to the fact that, although I suspected the existence of valvular disease it was some time before I heard a cardiac murmur. As the patient has gained strength, this has increased in intensity, until now it is heard distinctly all over the præcordial region and in the left axilla. I have noticed this in other cases, and recollect a patient, whom I saw only in a dying condition, and in whom I failed to detect a murmur, even after careful auscultation. Notwithstanding which, extensive disease of the valves was found, after death. Therefore, you must remember that when the heart is acting feebly a murmur may not be heard, even where every other circumstance seems to favor its occurrence!

NOTE.—May 14th. Since the above lecture was delivered, a great improvement in the patient's condition has taken place. He can now sit up in bed without assistance, and is able to move the right arm and leg; the former, however, much more readily than the latter. It is noteworthy, too, that he was able to flex and extend the fingers before he could move the hand or forearm, and that motion returned to these parts before it did to the shoulder. In the lower extremity the same order was observed in the resumption of their functions by the various joints. Inasmuch as in the other three cases of cerebral embolism, referred to in the lecture, motion returned to the arm first, and to the muscles of the fingers and toes while the patients were still unable to move those nearer the trunk, and as this is exactly the reverse of what takes place in hemiplegia from apoplexy, we appear to have an additional means, to those given above, of distinguishing one form of paralysis from the other.

J. H. H.

COMMUNICATIONS.

A SINGULAR CASE OF LONG CONTINUED VOMITING.

BY L. C. BUTLER, M. D.,
Of Essex, Vermont.

Nearly seven years ago the following paper was read before the Vermont State Medical Society. It is now published, in order to connect with it the *post-mortem* examination, which furnishes the solution of the mysterious problem.

Mrs. F. B., widow, aged 53; seamstress by trade; the mother of several children; nervous temperament, dark, sallow complexion; free from hereditary predisposition to disease, though a sister has a tumor of the breast which has been thought to be cancerous; has had vomiting at irregular periods for the last eleven

years, sometimes five, six or eight during the year; recently more frequently, occurring once a month and oftener. Previous to the first attack of vomiting, she had been pressing a coat, the process requiring considerable exertion of the muscles of the arms and chest, and felt something give way in her stomach. To that occurrence she attributed this attack of vomiting, which lasted for some days. She has been subject for many years to periodical attacks of sick headache, but was never sufficiently nauseated to produce vomiting, without taking something to produce it, until the time just mentioned.

The symptoms immediately preceding these attacks are, pain over and in the left eye, extending down the left side to the stomach; pressure at the stomach, as though overloaded, with a bloating sensation; restless nights; obliged to lie with arms elevated above the head, so as to relieve the pressure upon the stomach and liver; slight nausea; vomiting comes on suddenly, and continues, with slight intermissions, for hours, and sometimes for days. During vomiting, a cold, clammy sweat starts out all over the body, attended by a death-like prostration of the whole system, with great dejection of spirits and almost entire loss of voice at times. The urine is scanty, and though never examined microscopically or with any of the ordinary tests, yet exhibits to the eye the appearance of being loaded with foreign matters. The substance first vomited is a glairy mucus, resembling the white of an egg, with sometimes the appearance of ill-formed pus; then a greenish substance appears, resembling the pigment of bile, followed by a black mass mixed with and streaking the former, like fine coffee-grounds partially dissolved and commingled. At times, it has the appearance of grumous blood, or broken-down liver, and is ejected in masses. The quantity is large, amounting generally to two or three quarts, and occasionally more. The vomiting is followed by a raw, burning sensation in the stomach and œsophagus, which soon subsides, and convalescence rapidly succeeds. There is no smell or taste to the substance vomited, save, as she describes it, a salvy taste. When once the black matter is reached, which, it seems to her, comes from the region of the liver, and not till then, she is relieved, and the stomach recovers its tone, tolerating and digesting at once every kind of food her appetite craves, such as boiled eggs, pickles, beefsteak, etc. Recovery is so rapid, that from being utterly prostrate, unable to speak, or scarcely to raise a hand, one day, she will visit her neighbors, or attend to quite heavy work in less than twenty-four hours after the vomiting ceases.

During the first attacks of vomiting, she took repeated emetics, some thirty in twelve weeks, among them twelve of lobelia. Occasionally, on taking the emetics, she vomited blood, owing, doubtless, to their violent action.

The vomiting had no connection with menstruation. The menstrual function was regular and independent of the vomiting. Nor did it cease with the cessation of that function, seven years ago, but has continued on, increasing somewhat in frequency and in violence, and exhibiting no change in the substance ejected, save that immediately upon the cessation of the menses she vomited fresh blood for the first and only time during its progress. Her natural habit is costive, the bowels seldom moving without being provoked to it by medicine. Yet sometimes, when the vomiting ceases, a voluntary discharge takes place, of a substance resembling pus.

A case in many respects so anomalous, and so persistent in spite of treatment, has, of course, tested the skill and brains of many physicians. Regular and irregular practitioners have given their opinions and their prescriptions. But the remedy has not yet been found which effects the cure. Opinions differ. Doctors disagree, both as to the diagnosis, pathology and treatment. Some say it is a breaking down of the villous coat of the stomach. If this be so, pray how long will it take, with the ejection of so much broken-down mucous membrane every few weeks, to destroy the stomach altogether? Or, are the recuperative energies of nature sufficient to keep in repair this constant wasting process, so that the stomach is fully restored against the successive attacks? Others diagnosticate a vitiated secretion of the stomach, dependent upon a peculiar chemical organization of the gastric juice, accumulating by degrees, till the stomach finally will tolerate it no longer, and the vomiting follows. Akin to this is another opinion, that it is a weeping of the villous coat of the stomach, denuded by ulceration or chemical decomposition, the effused fluid coagulating and remaining till it becomes offensive. If this latter opinion be correct, it is difficult to account for the rapid recovery of tone, and vigor, and digestive power, immediately

the vomiting ceases; and also to determine why it is that the resulting product is not offensive to the smell, or has only a salvy taste. If, however, it be the result of chemical action upon the secretions of the stomach, it is easier to see how that organ might, to some extent, recover its tone and vigor rapidly when the offending substance is removed. Others, again, diagnosticate chronic ulceration of the mucous membrane, basing their opinion upon the fact that a burning sensation, as of a raw surface, invariably follows the vomiting. If this theory be correct, the process of ulceration is certainly a very accommodating one. Ordinarily, if not checked, it goes on rapidly to perforation and death. Here it has been in progress for years, and has made slight apparent headway. Others still have pronounced it to be cancerous. If so, it is a cancroid formation *sui generis*, for it exhibits none of the pathognomonic symptoms of that disorder. Others, taking into consideration the general, together with the local symptoms, have supposed the liver to be the organ more especially at fault, and the disease of the stomach to be the result of sympathy with the long-continued disease of that important viscus. And this view derives some support from the fact that whenever, under the influence of appropriate remedies, the secretions of that organ have been improved, and the obstinate costiveness removed, the periods of vomiting have been more widely separated. In one instance, under such treatment, some months intervened. Precisely what is the pathological condition of the liver, whether it be cancer, chronic congestion, nutmeg or waxy, is a point quite difficult to determine, since there are no symptoms in the case which are pathognomonic of either.

But, under any and every variation of treatment, like Banquo's ghost, the vomiting would not down at its bidding. Subdued it might apparently be for a time, or its constituents so changed as to give promise of cure, yet it would return to plague and torment, not only patient, but physician, and compel him to reconsider his opinion, and ask again, in deeper doubt, what is it? Fine-spun and neatly woven theories may be made to give plausible solutions of the mystery, but the scalpel alone will reveal the reality. That revelation I am assured will be made, for the patient herself has requested that a post mortem examination shall decide it, for the benefit of the living.

During the past seven years nearly, this case has proceeded very much as before that period. The vomiting has continued with the same general results. The matter vomited has exhibited the same general characteristics. Her general health has been gradually failing, evidently affected by the gradual progress of the disease, which never developed itself sufficiently to enable any two of the eminent physicians who examined her case exactly to agree in their diagnosis.

For several weeks previous to her decease, the disease had evidently involved her lungs, occasioning considerable cough and some dyspnœa. At length, while eating an egg, and remarking how good it tasted, she suddenly sank back and expired.

Agreeably to her very sensible request, a *post mortem* examination was held, about forty hours after death, in the presence of Drs. Crampton and Richardson, of Winooske, Dr. Ferrin, of Essex Junction, and myself, with medical student Lenney. Without troubling the reader with the minutiæ of the examination, suffice it to say, the heart was flabby, and somewhat enlarged; its walls and columnæ were easily broken down with the pressure of the finger; In the right auricle was a large clot, nearly the size of two butternuts, a part of which was evidently recent, and a part, from its peculiar fibrinous appearance, had probably been accumulating for some time. This was undoubtedly the cause of her sudden death. The lower lobe of the right lung was in a state of engorgement, advanced almost to the point of disorganization. The congestion implicated the upper lobe, and had extended across the mediastinum to the upper portion of the left lung. The spleen was too far disorganized to retain its form when disconnected with its surroundings. It was somewhat smaller than usual, and easily broke down into a mass of thin pulp. The stomach exhibited some slight abrasions of its mucous membrane, and some enlargement of its veins, but otherwise showed no signs of disease. The left lobe of the liver was, to all appearance, healthy, and was probably the only portion of the liver that performed any natural function. The gall bladder was nearly empty, but contained a brownish-colored, viscid substance, about the consistence of cream, akin to a portion of the matter she vomited. The right lobe of the liver was adherent to the diaphragm, through which disease was communicated to the lower lobe of the right lung. Its perito-

neal covering peeled off as readily and as smoothly as the rind of an orange, leaving the substance of that lobe a mass easily broken down, under the fingers, into a pulpy mass of liver tissue, portal system and bile ducts, none of which could be traced through it. It was about normal in size and weight, and exhibited to the eye the evident results of chronic congestion of long standing. Without reasonable doubt here was the *fons et origo* of the disease which had baffled the skill of so many physicians.

Originally it may have been sub-acute in its character, and may have been perpetuated by the remedies addressed to the stomach, which was generally considered to be the seat of the difficulty. This condition of the liver continued on for years. The occasional vomiting was nature's remedy for the virulence of the malady. But it only relieved the congestion temporarily, without curing it. The vitiated secretion of the liver was regurgitated into the stomach, where it acted as a foreign substance, irritating and disturbing, till it was ejected. Then the whole system was relieved, and the organs worked on again in comparative harmony. During all this long period, strange to say, the stomach did not become diseased; its functions were disturbed for the time being, but once the offender was removed it played its part again, manfully, in the organization. Food was digested, the functions of assimilation and nutrition were fairly performed; the system was fairly nourished; and by this means her existence was prolonged, till the disease had communicated itself to the citadel of life.

The question, therefore, with which this article began, so many years ago, is now solved. The *post mortem* has revealed the answer, but only in such form as to impress most emphatically the importance of careful, thorough and correct diagnosis in the earliest stages of disease.

NOTES ON MAL PERFORANT DU PIED.

BY GEORGE HALSTED BOYLAND, M. A., M. D.,

Late Surgeon in the French Army Medaillé, etc.

Mal perforant du pied of France, like mycetoma or fungus foot of India, though clinically of great importance and interest, presents many dark points as to its pathological anatomy. A certain analogy exists between these diseases, as regards their course and method of treatment. Dr. Vandyke Carter,* in his admirable work on mycetoma, assures us that fungus foot is of parasitical nature and origin; whereas, mal perforant du pied is the product of various inflammatory processes; Paul considers this latter disease as identical with the hygroma sometimes observed on the side of the great toe. Gosselin, on the other hand, regards it as an inflammation of the partly pre-existing, partly accidentally produced bursæ mucosæ of the sole of the foot, and named the disease, therefore, dermosynovitis. Others, again, for instance, Delsol and Leplat, believe mal perforant du pied to be the result of atheromatous process of the arteries. According to Pitha, we must seek the cause of the persistency of the ulcer principally in the thickly growing epidermis at the base of it, which, by splitting and undermining its borders, works against healing. At the same time this eminent surgeon and pathologist admits that the excision of the epidermis layers is quite useless. It would be reasonable to suppose that if this disease is caused by the thickly growing epidermis, its removal would put an end to further pathological process; and therefore, this explanation cannot be right. Those above given are, on many grounds, according to Aschè, inadmissible. The opinion of Estlander, who identifies mal perforant du pied with lepra anæsthetica, and who, in seventeen days, is said to have cured, a case of it with potass. iod., has not been authenticated by anatomical investigation.

Dr. A. H. Schoemaker observed a case† which is, in detail, as follows:—

A tailor, fifty years of age, leading an irregular life, noticed, twelve years previously, a red vesicle upon the planta pedis, that made its appearance without any special cause, and soon took the character of an ulcer, showing little tendency to heal. Six months later came an ulcer on the same spot, that increased in size steadily during the next five years, and only during six weeks, when the patient was suffering with typhoid fever, did it diminish a little, after which it continued to grow as before. The patient was treated for one year without any sign of improvement, being much reduced on account of the intense pain and somewhat violent bleedings from the depth of the wound. The size of the ulcer was about four square

* On Mycetoma, or the fungus disease of India. By H. Vandyke Carter, M. D., H. M. India Army. London, 1874.

† Schmidt's Jahrbücher, No. 2, 1875, p. 164.

inches; the border was of a blue-reddish hue, undermined; pressure in the vicinity of the ulcer caused very violent pain, accompanied by an exudation of bloody serum. At certain places where the border was not undermined pressure brought forth a light yellow vermiform mass; the fourth and fifth metatarsal bones were partially implicated; the foot and lower leg were otherwise normal, the heart healthy. Schoemaker performed Pirogoff's amputation; the wound healed in six weeks.

The examination of the amputated foot showed that these light yellow masses existed not only on the borders, but also on the surface of the ulcer. Sections were made through the foot, revealing many small light yellow points scattered in every direction, out of which, upon pressure, the same light yellow mass came again; between the points large caverns were present; these were filled with a gelatinous liquid, of light yellow color. The periosteum of the fourth and fifth metatarsal bones was thickened, forcing and destroying the tissue. A microscopical test resulted in the recognition of a true epithelioma. Patches of epithelium and different kinds of cells were visible; as was also the transformation of different cells out of one cell, or one nucleus. Already, eight weeks after the healing of the amputation-wound, a vesicle appeared on the scar, which broke and left an ulcer that cauterization failed to heal. This ulcer grew larger, and the characteristic vermiform patches of epithelium appeared on the borders; the ulcer became still larger, but did not go over on to the skin of the lower leg; continuing its course in the skin of the heel and planta pedis, which had been used as a flap in the operation. The pains were intense, and the ulcer attacked the point where tibia and os calcis had united. Amputation was performed at the lower third of the tibia, by the circular method. An examination of the amputated portion proved that the pathological process had gone up into the marrow of the tibia, affecting at the same time the pars spongiosa, both of which were changed into a yellow pulp, containing, it is true, no epithelium patches, but instead, a very fine connective tissue, in which were found different forms of cells.

That the above mentioned ulcer was an epithelioma, appears to be beyond doubt, as also the fact that the ulcer is identical with mal perforant du pied, and upon such excellent pathological evidence we may accept this explanation as the true one, and pronounce the thus far mysterious mal perforant du pied nothing more nor less than cancer of the skin.

Medical Societies.

COLLEGE OF PHYSICIANS, OF PHILADELPHIA.

Wednesday, January 6th, 1875.

A paper was read by Dr. John Ashurst, Jr., on

Excision of the Elbow Joint.

Eight cases were narrated in detail, of which a summary was presented as follows:—

No.	Name, sex, age, etc.	Nature of affection for which operation was required.	Result: duration of treatment after operation.	Remarks.
1	B.F., male, 56, blacksmith	Arthritis of left elbow	Died; 33 days	Death from exhaustion.
2	J. D., male, 25	Gelatinous arthritis of right elbow	Died; 19 weeks	Death from tuberculous meningitis.
3	J. K., female, 7	Arthritis of right elbow from injury	Recovered; 16 months	Anchylosis as to flexion and extension.
4	J. C., male, 51, wagoner	Compound fracture and dislocation of right elbow	Died; 7 days	Death from delirium tremens.
5	R. A., male, 10	Arthritis of left elbow from injury	Recovered; 4¼ months	Normal motions of part restored.
6	G. P., male, 4	Arthritis of left elbow	Recovered; 9½ months	Normal motions restored.
7	J. S., male, 6	Right elbow destroyed by constitutional syphilis	Recovered; from operation; died 17 months subsequently	Death from syphilitic disease of brain.
8	C. K., male, 6	Partial fibrous anchylosis of left elbow, with recurrent arthritis	Recovered; 7½ months	Normal motions of part restored.

The speaker then continued with some practical remarks upon the rules which should guide the surgeon in determining to resort to this mode of treatment, and upon the steps of the operation itself, as well as upon the after-management of patients upon whom the operation has been performed, to the following effect:—

"First, as to the *selection of cases for operation* The morbid conditions which may call for the operation of excision of the elbow-joint may be enumerated as follows: Grave wounds of the articulation; compound fractures implicating the joint; compound dislocations; arthritis which has resisted non-operative measures, or which has advanced to the stage of destructive disorganization—and particularly arthritis of the gelatinous variety; fibrous anchylosis when complicated by frequently recurring attacks of inflammation of the joint; and bony anchylosis, when the limb is in such a position as to render it useless to the patient. The operation is, indeed, recommended by some writers in cases of bony anchylosis in a good position; but for my own part I have never felt justified in resorting to it under these circumstances.

"It will thus be seen that excision of the elbow may be resorted to with much greater freedom

than excision of other large joints; for, on the one hand, the mortality after the operation is so moderate, that, when the disease or injury is limited to the joint-structures, excision should be almost invariably preferred to amputation; and, on the other hand, the result of a successful excision is so much better as regards the utility of the limb than the cure obtained by the occurrence of anchylosis (which is often the best that can be hoped for when expectant measures only are employed), that the operation may in many instances be resorted to with propriety, when, in the case of the knee, for instance, no interference would be thought of.

"The chief contra-indications to excision of the elbow have regard to the *age* of the patient and to his *constitutional condition*, particularly in respect to the existence or non-existence of visceral disease.

"To illustrate the influence exercised by the *age* of the patient upon the result of the operation, I have recast Hodge's table of 119 cases of excision of the elbow for disease of the joint, in such a way as to show the mortality at different periods of life:—

Age.	*Recovered.*	*Died.*	*Amputated.*	*Not terminated.*	*Total.*
Under 10..	3	1	2*	..	6
10 to 20..	27	3	2*	..	32
20 to 30..	28	3	6*	2	39
Over 30..	26	7	5†	..	38
Not stated	3	1	..	..	4
Aggregate	87	15	15	2	119

"From this table it is seen that while the mortality for all ages under thirty is but about 9 per cent. (77 cases, 7 deaths), the mortality for all ages over thirty is almost 24 per cent. (38 cases 9‡ deaths); and even between the ages of twenty and thirty, the increasing gravity of the operation is manifested by the large number of cases in which it was found necessary to resort to amputation as a means of saving life.

"The *constitutional condition* of the patient exercises a very important influence on the result of the operation. There is perhaps less immediate risk attending an excision of the elbow than an amputation of the arm, on account of the comparative freedom from hemorrhage in the case of the first-named operation; but the much longer period required for convalescence, after excision, not only exposes the patient necessarily during a longer time to the inroads of what are often, though improperly, called hospital diseases (erysipelas, pyæmia, etc.), but gives opportunity for the development of visceral diseases, especially tuberculous and amyloid degeneration, or for their aggravation if already in existence.

Hence, before determining to resort to excision of the elbow, particularly in the case of an adult, the surgeon should carefully inquire into the patient's constitutional condition, and especially into the state of the lungs, liver, and kidneys; should there be reason to suspect serious disease of any of these organs, the operation of excision would be so far contra-indicated, and, if under these circumstances any interference should be required, preference should, as a rule, be given to amputation.

A few words must suffice for what I have to say as to the *steps of the operation* itself. Except in my first case, in which I adopted the H incision of Syme and Butcher, I have uniformly employed (as originally suggested by Park) a single longitudinal incision on the inner and posterior side of the joint. With a little practice this mode of operating is found quite as easy as any other, while it has the great advantage of leaving a linear wound which has no tendency to gape. I have no hesitation in recommending it in all cases, herein venturing to differ from Prof. Hamilton, of New York, who prefers the H incision when the operation is required for traumatic causes.

"The length of the incision may vary from two to five inches, according to the size of the arm. Its direction should, of course, correspond with the long axis of the limb, and it should pass on the inner side of the olecranon, and a little on the radial side of the ulnar nerve. In order to guard against loss of the power of extending the limb, Prof. Spence recommends that the triceps tendon should be divided by means of an incision in the form of an inverted Λ, while, with the same object, Mr. Maunder takes care to respect those fibres of the tendon which are inserted into the fascia of the forearm. Either of these plans may be adopted with good result. Prof. Sayre's plan, of leaving the portion of the olecranon to which the tendon is attached, would, I should fear, increase the risk of anchylosis.

"I have formerly advised that the olecranon process should be severed with strong cutting forceps, at an early stage of the operation, but further experience has convinced me that this is quite unnecessary, and in my more recent cases I have abandoned the procedure; it, however, undoubtedly renders the operation easier to one who is performing it for the first time.

"The points of most importance in the operation are to save the ulnar nerve from injury, and not to interfere with the tubercle of the radius, so as to preserve the attachment of the biceps muscle. In excisions for disease, the nerve need give no trouble, for it is so imbedded in inflammatory tissue that it can be readily drawn from its position in the groove between the olecranon and internal condyle, and held to the inner side, and indeed need not be seen during the whole operation; in traumatic cases more difficulty is, of course, experienced, though even here a little care suffices to avoid any untoward accident. Provided that the tubercle of the radius is preserved, the more bone (within certain limits) that is removed, the better will be the result of the operation; the risk of anchylosis is much greater than that of flail-like union (which I

* Recovered after amputation.
† Two recovered; two died; result of one not mentioned.
‡ This includes the two cases which terminated fatally after amputation.

have never seen in these cases), and hence the saw may be used freely, without) any dread of interfering with the future utility of the limb.

"In the *after-treatment* of a case of elbow-joint excision, the most important point, in my judgment, is to guard against the occurrence of anchylosis; and this may best be done, as I have already indicated, by abandoning the splint at a very early period—as soon as the external wound has united, and the inflammatory swelling which always follows the operation has subsided. Some writers, indeed, go so far as to recommend that no splint at all should be employed, but that the limb should be, from the first, simply laid upon a pillow. This advice, I must confess, seems to me injudicious, particularly in the case of children: by putting the limb at rest upon a well-padded splint for a week or ten days, the risk of consecutive hemorrhage is greatly diminished, the inflammatory action which follows the operation is lessened, and the part is placed in the most favorable condition for rapid repair.

"I shall terminate this paper with a brief reference to the *statistics* of the operation. Heyfelder and Boeckel have tabulated in all 203* cases of total and 79 cases of partial excision of the elbow. The result in one of the cases of total excision is not stated, but of the remaining 202, 8 were saved by amputation, while only 24 terminated fatally, giving a death-rate for the operation as performed for all causes of less than 12 per cent. If excisions for chronic disease only are considered, the figures are 145 cases with 20 deaths and 7 consecutive amputations, a mortality of over 13 per cent. The 79 cases of partial excision gave 8 deaths and 3 amputations, a mortality of but little over 10 per cent. Hodge's statistics, which though less extended are probably more accurate, give a slightly different result; of 119 cases of excision for disease, 15 terminated fatally and 15 required subsequent amputation, death moreover following in 2 of the latter; these being included in the list of fatal cases, the death-rate is found to be over 14 per cent. It is to be observed, however, that these figures embrace both complete and partial excisions, as well as 16 cases in which it is not mentioned whether the whole joint was or was not removed. If the complete excisions alone are considered, the figures are 82 cases with 7 deaths and 7 amputations (one fatal), the mortality thus being but a little more than 10 per cent. On the other hand, 21 partial amputations gave 5 deaths and 3 subsequent amputations, a mortality, therefore, of nearly 24 per cent. Ollier has laid great stress upon the importance of preserving the periosteum in excisions of the elbow, and has reported 35 cases of the subperiosteal operation, with 30 recoveries and 5 deaths, a mortality of over 14 per cent.

"When performed for traumatic causes, the operation, in civil life, would appear to be ordinarily attended with very little risk, 21\ cases referred to by Dr. Hodges having given but one death, and that 'from causes in no way attributable to the excision.'"

* Incorrectly numbered in Boeckel's translation of Heyfelder's Treatise as 208.

BALTIMORE MEDICAL ASSOCIATION.

REPORTED BY J. W. P. BATES, M.D.

Septicæmia.

Dr. Tiffany. The terms septicæmia, pyæmia, and ichorrhemia, indicate a class of diseases of which we do not know the exact cause, but we do know the clinical history. Pyæmia occurs suddenly; there is a rapid pulse, clayey cast of countenance, variable temperature, perspiration, no local symptoms, rapid failure of the vital forces, and death by asthenia. We recognize two conditions, systemic and local, the latter almost always suppuration. There may be a suppurating surface, or a depot of pus, but it follows in some cases where no abrasion can be detected. A man between sixty and seventy years of age had retention of urine from enlarged prostate. The urine was drawn off without trouble. On the next day had a chill, pulse 160 to 170°, and the other symptoms of pyæmia, and died on the third day. No post-mortem examination was allowed; no abrasions could be seen, and I think there was no lesion of the mucous membrane. There are cases on record where no abrasions could be detected after the most careful post-mortem examination. It generally results from a sore, which takes on an unhealthy character before pyæmia makes its appearance. It is called pus in the blood, but the microscope reveals nothing. With high powers certain fine particles endowed with motion may be seen; they are not peculiar to pyæmia, but are met with in dyspepsia and other wasting diseases. After death we may find many bacteria. The formation of abscesses first directed the attention of physicians to discover through what channels the pus flowed into the blood. The blood is composed of corpuscles and liquor sanguinis, and if the white corpuscle and the pus corpuscle are identical, as claimed by some, pus is normally in the blood all the time.

In animals affected with pyæmia there is always marked irritation of the gastro-internal mucous membrane, but vomiting is rarely met with in man.

We cannot say that the formation of abscesses is always produced by embolism; in some it is not possible, while in others it is perfectly sure. It is usually supposed that the abscess will form at the first set of capillaries from the point of irritation. Thus, wounds of the rectum produce abscess in the liver. The hemorrhoidal veins carry the pus which is arrested at the first set of capillaries. This is not, however, a universal rule, and it is hard to locate the foci. Wounds of the head and inflammation of the diploe are followed by hepatic abscess; after scarlatina, the joints are more par-

ticularly affected; and after typhoid fever, the salivary glands.

In some cases we can find no point of primary suppuration. I am inclined to think that we may discover that pyæmia is two or three diseases, instead of one. Bright's disease was; for a long time, considered a single disease, but by close investigation it has been divided into several.

Erysipelas and pyæmia rarely occur together. I think I have seen three cases recover after the use of twenty-grain doses of quinine three times a day. How it acted I cannot say, and the diagnosis is in doubt, but all the symptoms were present. The first occurred after external perineal urethrotomy. There was vigor, quick pulse, clayey countenance, variable temperature, sweating, etc. Second, after lithotomy, rigor on third day, irregular chills, sweating and variable temperature. Third, necrosed tibia—same train of symptoms—temperature 106¾°, the highest I have ever seen and the patient recover. The formation of abscesses is a secondary effect. If the amount of the poison taken into the system be large, the blood is rendered nonviable and the patient dies before the abscesses have time to form. The shortest time I have ever seen a case terminate fatally in, was thirty-six hours. We have no specifics; open the abscess and support the system by brandy, beef-tea, etc.

In regard to the use of antiseptics in surgery, my experience has not been favorable. I treated one case after Lister's method, but it turned out shockingly. I depend upon cleanliness and drainage. Patients do get well occasionally after pyæmia, which is due more to the inherent strength than to medication.

Softening of the Brain.

Dr. Noel related the following case: A man, 77 years old, who has been a free liver all his life, was taken with symptoms indicating trouble in the brain. There was atheromatous degeneration of the valves of the heart, and I think, change in the arteries of the brain. Directly after Christmas he evidenced cerebral trouble, which, taking into consideration the history of the case, I thought was softening. There was loss of memory and a low, muttering, wandering delirium. After two or three days, Dr. Donaldson was called in consultation. The delirium lasted for fifteen or twenty days. He had one symptom which I had never seen in a case that did not prove fatal, viz: interrupted respiration. At one time I counted 48, at another 30, etc., between the respirations. I have seen this symptom in tubercular meningitis, and in wounds of brain and medulla, and also in two fatal cases of cerebral softening during the past winter. In this gentleman the trouble gradually wore off; his memory is good, and he is now convalescent. Since his recovery I have come to the conclusion that there was either circumscribed softening and œdema, which produced the prominent symptoms, or else I was mistaken in my diagnosis. I applied cold to the head, gave potass. iod. and potass. bromide; and, when he began to fail, quinine in large doses every three hours. Chloral was used at night. This does not differ much from the treatment used in the other two cases, except that in one of them I used leeches twice.

Acute Congestion of Lungs.

Dr. Tiffany. A strong, healthy negro, æt. 21, came into the hospital with a tumor in the left groin, freely movable, about half as large as the hand, and seated just below Poupart's ligament. I proposed to remove it, and gave him ether, but after taking two or three whiffs, his heart lessened its frequency and it was discontinued. The tumor was removed without difficulty, and no shock or depression resulted. He slept well until 2 o'clock, when he was heard talking, and upon examination, was found with a chill. At 7 A. M., the chill had passed off; his respiration was 40; temperature 105°. At 12 M. pulse 160; respiration 60; temperature 106°, and there was dullness on both sides of the chest, half way up. At 3 P. M., the dullness had much increased, and no vesicular murmur could be detected, and at 4 P. M. the respiration was 100 He died shortly after, fourteen hours from the commencement of the attack.

Post-mortem. Heart healthy; no embolism; lungs engorged with blood, looked like a piece of liver; no breathing surface whatever. The lungs were undoubtedly sound before the operation. I suppose it should be called a case of acute congestion of the lungs. In looking over the records of the hospital, I found an analogous case. A sailor, having a slight cough, was attacked in the same manner as the case above related, and died in nine hours after. Upon *post mortem*, the lungs were in exactly the same condition as those of my case.

Dr. Noel. Did the ether irritate the mucous membrane so as to produce an intense congestion, which, on account of the speedy death, had not time to pass into the second stage of pneumonia? During the war, a soldier from Virginia, was stationed in Georgia, and in March, as the weather was much warmer than he had been accustomed to at that time of year, took a bath in the river. He came out thoroughly chilled, and died in eight hours. Upon post-mortem there was intense congestion of both lungs.

Dr. Tiffany. I hardly think the ether had anything to do with the trouble.

Dr. Monmonier. I think Dr. Noel's case explains Dr. Tiffany's exactly. The ether produced relaxation. He went out into the cold halls, took cold, and congestion was the result, just as after the bath.

Purpura Hemorrhagica.

Dr. Noel. A patient that had been suffering first with intermittent and afterwards with remittent fever, was slowly convalescing, when

small marks like flea bites appeared all over the body. On the second day these had spread and deepened, and had a raspberry appearance. There followed afterwards swelling of the head, pain like that of rheumatism in the limbs, swelling of the arm, which looked as though it had been badly bruised, bleeding from the gums, etc. The swelling and pain subsided, but there was profuse salivation, although no mercury had been used. After a thorough examination, the physicians in attendance decided that the trouble was degeneration of the liver and spleen, as the result of the prolonged action of malaria. The patient gradually sank, and died from asthenia and apnœa, and upon examination after death, the diagnosis was found to be entirely correct. The spleen was dark slate color, engorged with blood, and contained an immense number of disintegrated corpuscles. The liver was black.

Editorial Department.

Periscope.

Strychnia Eating as an Antidote to Alcoholism.

Dr. H. C. Morey, of Gilroy, Cal., sends the following account of a strychnia eater to the *Pacific Medical Journal*:—

The individual in question is a man about fifty-two years of age, about five feet eight inches in height, and weighs about one hundred and fifty-eight pounds; dark complexion, very plain in appearance, very eccentric and peculiar in his habits, and always keeps his own counsel; has a good intellect, but a limited education.

I first became acquainted with this man in the fall of 1861, and soon learned of his habit of eating strychnia, after a long and continued debauch, and in a condition bordering on delirium tremens. The first time my attention was particularly called to it, he wished me to give him a bottle of strychnia, which I did at night, about bedtime. He took the bottle, pouring the strychnia into his hand, and threw it into his mouth as carelessly as though it were salt; and, in the course of half an hour, not feeling the effects from it that he wished, he repeated it, and continued to do so until he became perfectly sober. The quantity required would correspond to the length of time he had been drinking, and the quantity of whisky he had drank. I was struck with the wonderful effect it had to so completely sober him, and leave his system so entirely free of any nervous disturbance, and without the reddened and bloated appearance of the face, the dull, heavy eyes, and irritable stomach of the drunkard. After a two weeks' drunk, with all the appearances of approaching delirium tremens, he got up in the morning with his mind clear, his eyes bright, his skin clear and fair, and with all the appearances of a man in perfect health and vigor, and ate as hearty a breakfast as usual, and went to his work as though he had never taken a drop of whisky in his life. My curiosity being excited at what seemed so unaccountable an occurrence, I began questioning him as to when he commenced its use, and what induced him to take it, but found him very reticent, and have not, to this day, ascertained the causes that first led him to its use. All he will tell is that he commenced its use in 1856. From 1861 to 1867, I saw him very frequently, and almost as often have seen him take the strychnia, until it ceased to be a curiosity, except to study its physiological action. In every instance when he took it, every appearance of dissipation would disappear in a very short time. Whether *strychnia* is an antidote to alcoholic poison, and *vice versa*, was a study for which I could find no authority to guide my conclusions.

From 1867, I did not see him until the month of November, 1874, when he came to this place and called on me for strychnia, as of old. I told my clerk to give him all he wanted. He gave him a bottle, from which he took about twenty grains. In an hour he was all right, and sober as ever.

Digitalis in Bronchitis.

Dr. James Braithwaite writes to the British *Medical Journal*:—

Given a patient past the meridian of life, either very stout, or emaciated from previous bad health, and let him, or more commonly her, have a neglected bronchitis, and we have the following class of symptoms produced: A perspiring skin, a poor and quick pulse, urgent dyspnœa, bluish tinge of lips and skin, and respiration accompanied by loud wheezing sounds. The most successful plan of treating these cases, so common during the present severe winter, is the free administration of digitalis, which may be advantageously combined with the compound spirit of ammonia. The digitalis may be given in doses of ten minims of the tincture every two hours. In these cases, it is the heart which is at fault, the right ventricle being gorged with blood, which it is unable to propel through the lungs. The best test of the truth of this theory is its success, for the pulse will be found to become full and slow, and the breathing relieved, directly the digitalis has had time to act on the heart. Its action is sometimes assisted by the judicious

administration of a little alcohol. I prefer common gin. If, however, it be found that these cases of commonly called bronchitis are really dependent, for their non-recovery, at least, upon weak hearts, care must be taken as to the administration of stimulants, for they accelerate the action of the heart, and in the end weaken it. In fact, digitalis slackens the speed, and stimulants increase it, so they to some extent contradict each other. I have had some cases lately in which twenty minims of tincture of digitalis were given every two hours for a whole day, and then decreased to ten minims every four or six hours. This medicine will be found to be chiefly valuable when the pulse is weak and rapid. In one old lady about eighty years of age, the effect was remarkable, and in another, seen to-day, the pulse has fallen to 76, with corresponding relief to the other symptoms. In another case, in which the pulse was 130 and very weak, it acted magically, but I am sorry I made no note of the exact rate to which the pulse fell. Good support of all kinds may at the same time be given. I like stimulants less and less in this form of disease; if you want a horse to go one mile rapidly and well, the spurs may be used, but for a long journey a steady pace is better. Some patients are more susceptible of digitalis than others, therefore the effects must be watched, and the dose increased or diminished, as necessary.

Treatment of Ununited Fractures.

Dr. Nicoladoni, quoted in the London *Medical Record*, gives the following modification of what is known as "Dumreicher's Method:"—

The injured leg, in which there is a tendency manifested to the formation of a false joint, is enveloped from the toes to a part a little below the fracture by a strong flannel bandage. Four wedge-shaped pads are applied, two above and two below the fracture, in such a manner that the broad ends of the upper and lower pairs are opposed to each other, and that between them a free surface of skin is left which corresponds to the seat of fracture. These pads are kept in position by strips of adhesive plaster, and covered by a thin wooden splint, over which a bandage is firmly applied. The whole limb is then kept at rest on an ordinary splint. By the application of the bandage below the fracture, the peripheral portion of the limb is protected against the injurious results of pressure made by the pads above the ankle. The pressure of the lower pads and of the flannel bandage induces an active arterial hyperæmia of the parts about the false joint, which hyperæmia is more or less restricted to these parts, as the two pads are so applied as to retard the backward flow of venous blood, though not interfering very much with the arterial supply. After an application of this apparatus for twenty-four hours, the skin becomes red and hot, and the fractured portion of bone can no longer be felt, on account of the swelling of all the superjacent soft parts. This swelling is firm, and differs altogether from ordinary œdema. On the second and third days, the parts between the wedge-shaped pads become more swollen and firmer; but this swelling will speedily disappear on the removal of the pads, and will not persist and do any good until after the apparatus has been retained for five or six days. In favorable cases, after an application kept up, with occasional short intervals, for three or four weeks, the fragments become much less movable, and cannot be examined and moved without much pain. The limb can now be placed in a firm apparatus of plaster of Paris or water-glass, and in a few weeks the fracture will become firmly consolidated. In the first case reported by Dr. Nicolandoni, the pads were applied during eight weeks, with occasional intervals of rest, lasting for two days. A gypsum bandage was then applied, and at the end of the tenth week the fragments of tibia were found to be firmly consolidated. In the second case the pads and bandages were applied during a period of two months: six weeks after their removal and the application of a firm bandage, there was perfect union.

Poisonous Effects of Poke-root.

Mr. Charles H. Cressler, of Chambersburg, Pa., writes to the *American Journal of Pharmacy*:—

On the evening of January 28th a package of poke-root, gathered early in November last, properly sliced and dried, and weighing seventy-eight troy ounces, was opened, and seventy-two ounces set aside to be prepared for percolation in the morning, six ounces coarsely ground and put in store drawer. A clerk and myself, who handled the drug, experienced some slight dryness of the throat during the night. In our next morning salutations we recognized that each had, as we supposed, a cold, our voices being quite husky. At about half-past eight o'clock the porter proceeded to prepare the root for percolation, and in about two hours it was, by means of an Enterprise drug mill and a tin cased sieve, prepared, moistened and packed in a percolator. By this time we experienced something like an endemic coryza, which we attributed to the dust of the poke-root. The floor was sprinkled and all dust carefully removed with damp towels. Three clerks, porter and myself seemed affected to a greater or less extent, and coughed violently. There was a decided indisposition at one P. M., on the part of all concerned, to eat dinner, and there was continued coughing, with soreness of chest, and eyes were much inflamed. At seven P. M. four of the parties were unable to eat supper, and one of them went to bed very sick, with eyes much swollen, pain throughout the body, and chill, followed by high fever. At ten P. M. free vomiting was induced, somewhat to the relief of the patient, but entire recovery did not ensue for forty-eight hours.

No. 2 was very ill at nine P. M., with both vomiting and purging, eyes much irritated, and

patient very restless during night and until noon of following day. During convalescence of forty-eight hours, purging continued to a considerable extent, after which the patient recovered.

A child of the writer, six years of age, who happened in the store for not over five minutes, at the time the drug was being prepared, was seized with a cough in the latter part of the day, which lasted into the night, and much resembled croup. This we attributed, as in the other cases, to the effects of the drug A marked feature in all the cases was a very decided soreness of all the motor muscles of the body.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The valedictory address to the medical graduates of the University of Louisville, by Dr. David W. Yandell, is in advocacy of cremation. It gives a well presented summary of the recent endeavor to revive that ancient rite.

——The fourth annual report of the Dispensary of skin diseases, of Philadelphia (1874), gives a total of 436 cases under treatment. Nearly half of these was eczema in some of its varieties. Psoriasis was also common.

——The addresses delivered at the Fifty-third Annual Commencement of the National Medical College, Washington, form a pamphlet of twenty-seven pages. They are by Mr. J. C. Welling, and Drs. W. B. Drinkard and Gabriel F. Johnson.

——The address of Dr. D. Hayes Agnew, the retiring President of the Philadelphia County Medical Society, contains the description of an instructive series of experiments on the repair and development of bone tissues. His conclusions; in detail, will appear soon in the Periscope of this journal.

——The valedictory address at the last Commencement of the Syracuse University (Feb. 19, 1875) was by Dr. Henry D. Didama, on "the model physician and model patient." It is conceived in the liberal spirit of sound ethics.

BOOK NOTICES.

Proposto intorno la cura della Lissa. Roma, 1875. pp 32.

Prof. Cadet, in this pamphlet, suggests the use of his favorite remedy, the ethiops mineral, in the treatment of hydrophobia. He would not omit the usual surgical precautions of ligation, dry-cupping or suction, washing and cauterization, but would add to them the internal administration of the mercuric sulphuret. As no means hitherto devised has ever cured a case, his suggestion deserves a trial.

Sixth Annual Report of the State Board of Health, of Massachusetts. January, 1875. Boston. pp. 379.

We always welcome the appearance of this annual volume, confident of finding in it new and rich material for sanitary science. The present issue does not disappoint us. It contains several very thorough studies on topics of general interest. The tenth subject treated, "cremation and burial, an examination of their relative advantages," is the most lucid discussion of the question we have anywhere seen, and contains the most complete bibliography of the subject. The conclusion is, that at present there is no sufficient cause for changing the present system of burial.

Other topics treated of, are "on inebriate asylums or hospitals, on the value of health to the State, on the transportation of live stock, on the meat supply and public health, on the composition of the air, of the ground atmosphere, on the ventilation of railroad cars, and on the health of towns." It will be seen, from this catalogue, how vitally the topics discussed concern the interests of the public in general, as well as the natives of Massachusetts, and they are, without exception, handled in an able and liberal manner. The conclusions on some of these subjects we shall have occasion to refer to hereafter, in this journal.

Half-hour Recreations in Popular Science; The Sun and the Earth. By Prof. Balfour Stewart. Force electrically exhibited, by J. W. Phelps. Boston, Estes & Lauriat. Price 25 cents.

Half-hour Recreations in Natural History; Insects of the Field. By A. S. Packard, Jr. Estes & Lauriat. Price 25 cents. For sale by Claxton, Remsen & Haffelfinger, Philadelphia.

These instructive essays will be read with interest. They explain, in well-chosen and popular language, the scientific studies of which they treat. Among the other insects discussed by Mr. Packard, is the Colorado potato bug. He justly deplores the supineness of our government, which, warned ten years ago, did nothing to stay its eastward march. The only substance he recommends for it is Paris green.

THE

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THE NATURE OF FEVER.

One of the most prominent of all morbid symptoms or conditions, is that of Fever, and the amount of attention it has received has been in proportion to its frequency and importance. Mainly through the careful observations of Dr. PARKES, a generalization of Fever has been reached, such as to conciliate all the appearances it presents. This generalization is expressed by the simple fact—"Elevation of Temperature." The conditions and proximate cause of this elevation have not been so clearly made out.

Two recent attempts in this direction deserve mention. One is embraced in the Fourth Toner lecture, delivered by Dr. H. C. WOOD; the other in a publication by Dr. MURRI, of Fermo, in Central Italy.

Dr. WOOD, in commencing his lecture, sets out to show that "the essential part of fever is elevation of temperature." Here, as we have above stated, he is merely following in the path of Dr. PARKES, and arrives at the conclusion already so clearly stated by the latter. The next question is, "in what way is the rise of temperature produced?"

The two theories which are current attribute this elevation, the one to the circulatory, the other to the nervous system. The latter is that wholly adopted by the lecturer. He says "fever is entirely independent of the circulation and the respiration;" and holds that there is a nerve centre in the pons or above it, whose function it is to inhibit the chemical movements of the body, and that in consequence of the paralysis of this inhibitory action, the increased chemical movements throughout the system lead to the elevation of temperature and other characteristic symptoms of the febrile state.

These opinions differ considerably from those supported by the studies of MURRI (with whose work we are made acquainted chiefly by the London *Medical Times and Gazette*). He shows that the experiments on dogs adduced in support of the neurotic theory of fever have been inaccurately made and interpreted. Less heat, he believes, is produced after division of the cord than before. This his experiments show, as previous and familiar ones had done.

The American observer claims that after division of the medulla, high up, there is always a rise in the temperature; the Italian physiologist has been unable to convince himself that this observation is correct. Hence the latter insists that the results of his experiments completely negative the idea of fever being due to a neuro-paralytic lesion. In fever more heat is given off than in health, whereas, after section of the spinal cord less heat is given off; and since we know of no other experimental lesion of the nervous system which alone and unaided increases the production of heat in the tissues, the neuro-paralytic theory must be abandoned. Murri shows, too, that *septic* fever is not dependent, as has been supposed, on an interference with any centre in the brain which restrains

the production of heat; for when the brain's influence is completely cut off by the division of the cord, putrid pus injected under the skin makes the temperature rise, just as in a healthy animal; and the whole length of the cord below the point of section may be destroyed without preventing the development of septic fever.

He finally concludes by expressing his conviction that the only theory which will satisfactorily explain fever is the bio-chemical one, which makes fever in the main depend on an increased production of warmth. He points out that all our clinical experience of the incubation of fevers, and of the predisposition to and immunity and spontaneous recovery from them, is completely unintelligible on the neuro-paralytic view, but explicable on the bio-chemical, and that only the latter theory renders an account of the qualitative tissue-changes which accompany fever.

Notes and Comments.

Therapeutical Notes.

SULPHATE OF CADMIUM IN GONORRHEA.

Dr. Gazeau has employed, with much success, in the acute stage of urethral blennorrheas, a solution of the sulphate of cadmium, one grain to two, three or four ounces of water, used every two hours.

FAVUS.

Dr. W. G. Smith, of Dublin, reports, in the *Irish Hospital Gazette*, some cases of favus. The treatment which easily effected a radical cure was the use of a lotion of perchloride of mercury (gr.ss to ℥j), subsequent to the removal of the crusts by poulticing, and afterwards carbolic ointment. The resemblance of the circular, red, scaly patches, observed in one case, adjoining the pathognomonic yellow favus cups on one of the patches, reminded one of ordinary ringworm.

CHLORAL IN TETANUS.

In the treatment of traumatic tetanus by chloral, Dr. Gontier reaches the following conclusions. Chloral may render great service in the treatment of chronic or subacute tetanus, and is especially preferable to other drugs. It is completely inefficacious in acute tetanus, and only has a slight palliative action. It may be advantageously associated with tonics, diffusible stimulants, and diaphoretics. Intravenous injections of chloral are extremely dangerous, and should, in the present state of science, be reserved for exceptional cases only.

TINEA CAPITIS.

Dr. McBride, of Cincinnati, says:—

The best treatment is to apply a blister all over the scalp. "It is not necessary to shave the scalp and apply a plaster. Cover the scalp with cantharidized oil, or tincture of cantharides, and then cover with oiled silk, a greased cloth, or green leaves, and you will have blister enough."

THE ADMINISTRATION OF PHOSPHATES.

It is maintained, by Samson, Dujardin-Beaumetz, and other leading French physicians, that the only way of administering phosphates is to employ those which Nature has already assimilated, bran-bread, and beans of different kinds. Whenever it has been wished to augment the dose of phosphate by adding soluble or insoluble phosphates to the food of animals, these phosphates have only passed through the economy without effecting any lodgment there. However, beneficial results seem to have been obtained from soluble phosphates in certain affections; and these successes M. Dujardin-Beaumetz explains by the precipitation of insoluble phosphates, as M. Mialhe demonstrated a long time since, and M. Cauler at a later period, and by the favorable action of hydrochloric and lactic acids on the digestion.

TAR INTERNALLY.

Mr. Balmanno Squire reports tar internally as useless in psoriasis and similar cutaneous diseases. But in some diseases of the digestive organs it is very efficacious. For its preparation Mr. Martindale gives the following formula:—

℞. Tar,	gr.ij	
Lycopodium,	gr.j.	M.

Make one pill.

These proportions form a mass which can be moulded into pills readily, but the mass improves and becomes firmer if kept a few days before rolling out. Two parts of liquorice powder, added to three parts of tar, make a tolerably good mass. Flour, as recommended by Dr. Garrod, does not answer well. But the most elegant and palatable form of administering tar is that of the gelatine globules (containing

on an average about two and a half grains in each), prepared by M. Thevenol, of Dijon. They have no odor, are perfectly soluble, and can readily be taken by the most fastidious.

On the use of calcined magnesia as an excipient for forming tar into pills, he adds: "One part of it added to three parts of tar makes a soft mass, which soon hardens, and can be moulded into pills. Pharmaceutically, they are all that can be desired, but the creasote and resinous acids contained in tar form compounds with magnesia, which are so insoluble that they are passed by the patient undissolved. They can even be boiled in water without losing much of their globular shape. The same remarks apply to creasote itself."

ACID DYSPEPSIA.

In acid dyspepsia, Dr. C. R. Fleury, in the *British Medical Journal*, suggests to an inquirer to give his patient small doses of dilute sulphuric acid, say three drops four times a day, in a half wineglassful of water. He adds:—"I attach importance to its being given thus plainly and without any admixture of other drugs. I have treated with unfailing success several hundreds of such cases, whether arising from dyspepsia pure and simple, or complicated with cardiac disease."

TREATMENT OF PEMPHIGUS.

Dr. Hillairet, founding his plan of treatment upon the analogy which exists between pemphigus and the second degree of burns, employs, in cases of this affection, which is generally so rebellious to treatment, the remedies found useful in burns—viz., the covering of the parts with wadding soaked in oleo-calcareous liniment. The pruritus soon abates, and the bullous eruption ceases at the end of a variable period.

Ancient Sanitary and Medical Knowledge.

Some interesting facts were collected in a recent address by Dr. Routh, before the Medical Society, of London. Taking ancient Rome as an example, he demonstrated that their sanitary arrangements in the way of baths of every kind was far superior to that of London; the sewers were larger, the water supply better and continuous. He referred to the subject of fibrinous concretions of the heart, discovered by Gould in 1684, described by him, subsequently by Chisholm in 1790, and forgotten till 1851, when Dr. Richardson disinterred these works and placed the disease beyond doubt, long before Virchow or other continental writers had written about embolism and thrombosis. Dr. Routh then mentioned transfusion, originally practiced on Pope Innocent VIII, by a Jew, in 1492, forgotten till 1665, when experimented on in England by the Royal Society, and falling again into disuse till revived in England by Blundell, and now fully recognized as a proper operation. He next spoke of the controversy on the use of the speculum vaginæ, which took place in London twenty-five years ago, showing it was used in the time of Domitian, and had been found in the ruins of Pompeii, and yet had been forgotten for centuries. He dwelt upon the question of cremation and burying in wicker baskets, both olden customs, yet now remembered and likely to be employed again.

Consanguineous Marriages.

This was the subject of a recent paper by Mr. Darwin, son of the eminent naturalist. He stated that the most thorough investigation ever made was contained in some papers *On Blood Relationship in Marriage*, published by Dr. Arthur Mitchell, a Deputy Commissioner for Lunacy in Scotland. This gentleman's inquiries were confined chiefly to Scotland, in which country the proportion of first-cousin marriages is larger than in any other portion of the United Kingdom; and the conclusion he arrived at was that, under favorable conditions of life, the apparant ill-effects were frequently almost *nil*, while if the children were ill-fed, badly housed and clothed, the evil might become very marked. This, said the lecturer, was in striking accordance with some unpublished experiments of his father's, "On the In-and-in Breeding of Plants," in which he found that in-bred plants, when allowed space enough and good soil, would frequently show little or no deterioration; but when placed in competition with another plant, would frequently become stunted or altogether perish.

The Teeth as Sexual Organs.

Dr. A. H. Thompson, in the *Dental Cosmos*, argues that the teeth of man will ultimately be suppressed. Already, he claims, they have lost an important use. He says, "As prehensory organs, the value of the teeth is great to many of the lower forms, for battle, as "secondary sexual organs," and the prehension of food,

but in the higher animals the teeth have been superseded by the evolution of prehensile limbs, and the consequent suppression of this function in the teeth. In man we find the prehensory teeth suppressed to mere rudiments of former formidable and useful weapons, being reduced to the merest purpose for the prehension of food, and are utterly aborted as 'secondary sexual organs.' This is a fact that cannot be mistaken, and is full of significance."

Correspondence.

Too Much Water or too Little Milk?

Ed. Med. and Surg. Reporter:—

In the Reporter for Sept. 12th, 1874, No. 915, I gave a brief sketch of two cases, infants, whom I suspected to have been too much bathed. Acting upon this suspicion, I gave directions to modify in form, and diminish in number, these daily ablutions, to, at most, two per week, and these were to be nearly dry, or sponge baths, rather than general lavements. I also instructed the mothers to keep flannel garments upon their children, in order to maintain as nearly as possible a uniform temperature for the chest and abdomen of the little fellows.

My instructions were obeyed, I believe, as far as practicable. There was no further decline in these cases. In due time a change for the better was quite perceptible in both cases. A month more and they could laugh again, and soon grew fat. No other advice was taken in these cases. No other medication employed. This happy result seems to me all that could be desired. Recently I examined both these children, and found them firm to the touch, plump and healthy. The possibility of the existence of some other difficulty, not comprehended by me, led me to express a wish to be informed what that obscure difficulty might be, if any one would be so kind as to point it out.

During the winter I received a private communication from Dr. Hiram Corson, calling my attention to a point of no secondary consideration. He suggested that the children may not have been properly fed. Upon this point I made strict inquiry. Neither the quality nor the quantity of the food was interfered with in the above case. It is only fair to state, however, that one of the cases continued, twice daily, from ten to twelve drops of whisky, and the other as much brandy for a longer period. But are we not taught that neither whisky nor brandy is food? It appears, then, that, at least, these cases are not starved. At my request, the Dr. very kindly forwarded to me a copy of his pamphlet, entitled "*Food for Infants*," from which I glean some important facts. I agree with the Doctor when he says that many children are starved, through the ignorance of the nurse or the mother. They are under-done, over-done, and soothed or Winslowed to death. Some of them pine; some are cross and very restless; they fall away in flesh; their arms and legs have a doughy feel; the breath is short and the voice begins to fail; the head is too heavy for the neck. The mother thinks her child is sick; the doctor is called in; the critical point comes along with the doctor. The child is examined. It has no fever; it has no diarrhœa; the head is cool enough; the eyes are slightly sunken; to the touch the flesh is soft and flabby; no resiliency about it; it doubles up like a sack; it has an old, sad expression of feature not common to healthy infants; it does not laugh; it used to walk but cannot now; it used to laugh and crow, but it does not now. "For a month or more it has not seemed like the same baby. I am sure there is something wrong, but I do not know what it is. I bathe it every morning. I always did that, or I had the nurse to do it, from the time it was a week old."

Here is the point for the doctor to hang his suspicions on. Now he may work up his case. Some children endure the daily bath for years, with benefit, or at least without injury. They may not all be plunged into the daily bath for twelve months with impunity. If a handful of common salt were invariably added to the water, then there would be less objection. At least there would be less water absorbed by the skin of the infant, to ooze out in the course of half an hour, and by evaporation lower the temperature of that child considerably.

This is certainly a case of too much water. And if the child is fed upon cow's milk, half water at that, it is almost a case of drowning. I have known a number of children that were raised or fed on cow's milk, and but little difficulty attended the raising of them. When it may be done, I select a young cow, of good condition, and one that yields good, rich milk. To a given quantity of cold milk I add a sixth part of hot water and a little white sugar: of this give the child what it will take. I prefer that the milk be always cold and the water boiling hot, or at least 200° Fahr. I prefer this because we cannot always have it of the same temperature as when drawn fresh from the cow. A child one month old will consume a quantity of milk in twenty-four hours that may astonish many a young mother, and even some of the older ones. From a pint to a quart, and even a larger quantity per day will be taken before the child is able to walk. Many children are fed too little, and perhaps, too, bathed too much.

A. D. Binkerd, M.D.

Pennsylvania.

News and Miscellany.

American Medical Association.

By request of many members, I will shortly issue a pamphlet edition of the minutes of the Louisville Session. Those who desire copies should remit 50 cents at once, as a limited edition will be printed. Wm. B. Atkinson,
1400 *Pine Street, Philadelphia.*

The Erie County (Pa.) Medical Association.

This body held its quarterly meeting on the 4th of April, at the office of the President, Dr. W. M. Wallace. Dr. A. S. Lovett read a paper on a peculiar case of Spinal Irritation. Dr. J. L. Stewart presented a paper describing the successful treatment of a case of malarial neuralgia by quinine. The papers were discussed at some length. The next meeting is to be held in July.

The International Medical Congress.

This body meets the present year in Brussels, September 19th. The following are the questions to be discussed:—

1. On the Prophylaxis of Cholera.
2. On Alcohol in Medicine.
3. The Inoculability of Tuberculosis.
4. Anæsthesia in Surgery.
5. The Dressing of Wounds after Operations.
6. On Lying-in Institutions.
7. The Vaso-motor Nervous System.
8. The Value of Experiments on Artificial Circulation.
9. The Prophylaxis of Phosphorus Poisoning in the Arts.
10. The Organization of Sanitary Bodies.
11. The Brewing of Beer.
12. The Military Relations of Optical Defects.
13. The Means of Measuring the Acuteness of Hearing.
14. The Military Relations of Aural Defects.
15. The Universal Pharmacopœia.
16. Is it Desirable to Extend the Use of Chemical Radicals in Therapeutics?

Suit for Malpractice.

A young man, named Doyle, lately brought suit, in New York, against the Eye and Ear Infirmary and Dr. R. Derby, to recover $100,000 for the loss of his sight.

The complainant charged that Dr. Derby had applied a brush to his eyes that contained pus from the eyes of a patient suffering with malignant ophthalmia, thereby causing his blindness. He testified that he saw Dr. Derby use the same brush on a number of patients.

The defense testified that there was no such case of ophthalmia as was mentioned in Doyle's testimony in the infirmary, from which purulent matter of the kind described could be obtained; and if there had been, and had that matter been on the brush with which Doyle was treated, the solution of nitrate of silver which was applied to Doyle's eyes would have killed the virulent properties of the pus.

It had been shown that a disease like Doyle's might have its origin in a blow, in a cold, or in the introduction of purulent matter.

The Judge reviewed the whole testimony on both sides thoroughly, and then said that the question for the jury to decide was, whether Dr. Derby, in his treatment of Doyle, on the 12th of February, used a brush that he knew had been used on another patient, and that he knew had been inoculated with purulent matter, without cleansing it. If they thought he did, the verdict would be for the plaintiff. If there was any doubt, then Dr. Derby was entitled to a verdict.

The jury were out only ten minutes. Then they returned with a verdict for the defense.

Health of Denver.

Dr. F. G. Bancroft, city physician of Denver, Colorado, claims, in his annual report, the exceptionally favorable death-rate of 13 in 1000 for that city. Of consumption he says:—

I must say of the large number of consumptives who came to Colorado in all of the different varieties and stages of the disease, with the hope of an immediate and permanent cure, that the greater portion eventually die; yet I am fully of the opinion that the climate of Colorado gives to the invalid in the early stages better chances of either a complete restoration to health or a prolonged and happy life, than any other part of the Union. Even in hopeless cases, our clear, dry, exhilarating air gives buoyancy to the spirits, that carries the patient to his final hour with less physical and mental suffering than could occur in damp and gloomy climates.

The Centennial.

The London *Chemist and Druggist* reminds British drug merchants of the importance of this international fair, in the following words:—

"It is to be hoped that English manufacturers will not neglect the opportunity which the Philadelphia Exhibition will offer next year, of extending relations with the United States. We hear that German chemical manufacturers are likely to be well represented, and it cannot be doubted that the influence of a grand display on that occasion will be very considerable with Americans, who are already too much disposed to make their purchases elsewhere.

Michigan Liberality.

In a freak of liberality the late Legislature of Michigan appropriated the funds necessary to add two chairs of Homœopathy and two of Dentistry to the "Medical Faculty," and also three chairs of Engineering to the Faculty of Science, in the University of Ann Arbor; the act to be carried into effect the next college year.

The Duration of Life.

The following facts on the duration of life appear in the *Deutsche Versicherungs Zeitung*:—

"In ancient Rome, during the period between the years 200 and 300 A. D., the average duration of life among the upper classes was 30 years. In the present century, among the same classes of people, it amounts to 50 years. In the sixteenth century the mean duration of life in Geneva was 21.21 years; between 1814 and 1833 it was 40.68 years; and at the present time as many people live to 70 years of age as 300 years ago lived to the age of 43."

Personal.

—Dr. George H. Bixby, of Boston, Mass., respectfully solicits from those members of the profession who have performed ovariotomy, their experience in regard to pregnancy occurring after that operation.

—The death is announced, of the famous traveler and artist, Jean Frederic De Waldeck, at the extraordinary age of 110 years.

—Dr. A. C. Herbst, aged 35, died suddenly, in Baltimore, May 13th. A bottle containing poison having been found in one of his pockets, it was supposed that he committed suicide.

—Duke Charles Theodore, brother of the Empress of Austria, is an amateur oculist of unusual skill. He recently performed some difficult operations at the Munich eye clinic.

—Thomas Heap, a man who was convicted of causing death by attempting abortion upon a patient, he at the same time being illegally practicing as a surgeon, was hanged, lately, at Liverpool.

—The American Medical Association, at its last meeting, presented the Permanent Secretary, Dr. Wm. B. Atkinson, a sum of $750, as a token of appreciation for his valuable official services.

—Dr. Samuel Mackenzie Elliott, a well known oculist, died May 8th, on Staten Island, aged 79. He commanded the Seventy-ninth (Scottish) Regiment at the beginning of the war, and assisted in raising the Highland Brigade.

—Dr. John Charles Bucknell, of England, the distinguished physiologist and author, is now on a visit to this country. Lately he was the guest of Dr. Kirkbride, of this city, and proposed attending the meeting of the Association of Superintendents of Hospitals for the Insane, at Auburn, N. Y., on the 18th instant.

Items.

—The following were elected officers of the Chester County Medical Society, at its recent annual meeting: President, Dr. Sumner Stebbin; Vice-presidents, Drs. Carey and Blakesdale; Censors, Drs. Thomas, Price and Edge; Treasurer, Dr. Isaac Massey; Corresponding Secretary, Dr. W. B. Brinton; Recording Secretary, Dr. E. Hopkins.

—At the meeting of the "Association of American Medical Editors," in Louisville, the following officers were elected for the ensuing year: President, Dr. Bell, editor of the "Sanitarian," of New York; Vice-President, Dr. Wood, Jr., editor "Philadelphia Medical Times;" Secretary, Dr. F. C. Davis, editor "Chicago Medical Examiner."

—The Jefferson Medical College, of this city, has lately made an extensive purchase of grounds adjacent to the College, with a view to erect a large hospital.

—The last report of the Board of Health of Berlin states the following general law for the winter mortality in that city—"the mortality in the six winter months rises and falls inversely as the thermometer."

—A squaw out West told her husband that she didn't think that she should ever feel any better unless he killed her doctor. The doctor was duly killed, and upon being tried for his murder, the chief was acquitted, on the ground that he acted in defense of his wife's life.

QUERIES AND REPLIES.

Dr. K., of Mo.—The following is the mixture used by Prof. Pancoast in surgical cases where he fears surgical fever:—

R.	Aquæ camphoræ,	fluid ounce ij
	Spir. mindereri,	fluid ounce iss
	Spir. eth. nit.,	fluid drachm iij
	Antimonii tartarisatæ,	gr. ss
	Morphiæ acetat.,	gr. ss. or more, as needed. M.

Ft. mist.

Sig. A tablespoonful every hour while awake.

Dr. Brehman.—The *Mirror* received. A scientific description of the monster would be interesting.

MARRIAGES.

FLETCHER—KENT.—In Strafford, Vt., April 14, by Rev. Henry Cummings, Frederick Fletcher, M.D., and Ella Kent.

GARNER—MARSHALL.—At St. Paul's Church, Baltimore, on Tuesday, April 27th, 1875, by the Rev. J. S. B. Hodges, Dr. H. G. Garner, of St. Mary's Co., Md., and Miss R. Roberta Marshall, only daughter of Charles H. Marshall, Esq., of St. Louis.

NEWSHAM—TASKER.—On the 12th inst., at the residence of the bride's parents, by Rev. W. C. Robinson, Dr. Stanley P. Newsham and Miss Mary E. Tasker, all of this city.

PAXSON—LONG.—On the 12th inst., by Friends' ceremony, at Attleboro, Pa., John Paxson, M.D., of Jenkintown, Montgomery county, and Tacy L. Long, of Philadelphia.

RICHEY — MULLEN. — On Wednesday evening, April 28, at the residence of Mr. W. A. Applegate, Walnut Hills, by the Rev. J. G. Wright, Dr. W. S. Richey, of Chicago, and Miss Clara Mullen, of this city.

SCHMUCK—KIRBY.—At 9 o'clock Tuesday morning, May 4, at the residence of the bride's father, near Paris, Ill., by the Rev. W. L. Githens, of Grace Church, St. Louis, Mo., Dr. F. C. Schmuck and Miss Ella Kirby, both of Cincinnati, O.

DEATHS.

MCCREDY.—In this city, on the 27th ult., Dr. Jeremiah F. X. McCredy, aged 68 years.

SAAL.—On Wednesday, May 5, at 4 o'clock A. M., Dr. Gerhard Saal, aged 53 years.

SMITH.—At his residence, Milestown, 22d Ward, on May 5, Wilson B. Smith, M.D., in his 34th year.

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Communications.

PERSONAL EXPERIENCE OF THE EFFECTS OF CANNABIS INDICA.

BY G. B. KUYKENDALL, M. D.,
Of Fort Simcoe, Washington Ter.

A short time since I procured a new lot of the purified extract of cannabis indica, and being desirous of using it in the case of some neuralgic patients, I thought I would test its strength before prescribing. I had many times before tried other lots, but never experienced any effect, more than a slight exhilaration. On the present occasion I opened the jar a short time before dinner, and noticed that the extract had a fresher appearance and a stronger narcotic smell than any I had previously seen. With my pocket knife I took out, I suppose, perhaps, a grain, certainly not more than that amount. It was observed to have, in a remarkable degree, that acrid tobaccoish taste common to most of the narcotic weeds. In a jocular way I remarked to a medical student in my office, "It is now half-past one o'clock; if you see me making any gyrations, or cutting up, you may know it is hasheesh." There was not in my mind, however, at the time, the remotest idea I should experience any of the intoxicating effects of the narcotic. About half an hour afterwards I was at the dinner table, and we were all laughing and jesting, and enjoying our dinner meal with more levity than usual, I taking lead in the merriment. I was just about finishing dinner, when suddenly I felt a thrill pass through me, the room and the dining table seemed to rise up and swing, or float about. Then there was a sensation of lightness and dreaminess connected with everything. I had been conversing, but in the beginning of these sensations had leaned upon my elbow on the table, which attracted the attention of my wife, who asked what pained me. I answered that there was no pain, but that I experienced a peculiar kind of sensation which I hoped would soon pass away. Summoning up my will, I arose and walked into the parlor, and took a seat, and tried to compose myself; but the sensations continued to come on. For a few seconds after the first thrill, I thought all was going to pass off, but now the symptoms were increasing in intensity. I arose and went to the glass to look at myself, and to notice the appearance of the pupils of my eyes. I remember distinctly that they were perfectly natural, neither dilated nor contracted, but my face was very pale—from fear, I think, mostly, as the sensations I experienced were so peculiar that they alarmed me. Up to this time I would not believe I was under the influence of cannabis. My condition rapidly grew worse—worse, I say, for my sensations were of the most disagreeable and horrible nature possible. I felt as if reason was being hurled by violence from its throne. Sensations and states of consciousness, rather than ideas, were wildly passing through my mind. I said to my wife, "I am in a terrible situation, something must be done." I called for an emetic. While it was being prepared, I was all the time becoming more and more restless and agitated. I arose and walked out into the hall, and then thought to myself what is the

use of me running around like a wild man, and returned and sat down in my chair, but could not be easy. The emetic was brought, and I swallowed it—nearly half an ounce of fluid extract of ipecac. I then said, "give me some warm water," and started for the kitchen. Some one proposed a hot foot-bath of mustard water; I said, "yes, let it be got immediately." A few moments more and I was in the kitchen, before the stove, with my feet in a boiler of hot water.

By this time my condition was awful in the extreme. My own voice sounded strangely to me, and seemed to startle me when I spoke, while the voices of those about me sounded as if obscured by a gauze or vail over my senses; the sounds seemed far off, dreamy and unreal. I was beginning to have a sort of double or even triple consciousness. It seemed as if I were living three lives at once. Anything spoken to me, immediately seemed to have been an age ago. The few movements I made were governed by the will, and yet they seemed automatic, as I could not feel myself move. Indeed, I seemed to have lost my body and become all dreamy imagination. I moved occasionally, but had no physical sense of doing so. After swallowing a quantity of warm water, I unbuttoned my vest, but did not seem to touch the buttons, and yet I must have had some sense of feeling, for I did not watch the movements of my hands. I saw with my eyes; but nothing was natural. I looked at the wall and the objects around; an impression was made upon the sensorium, and the visual impression seemed hurried off at lightning speed, then immediately the same impression was made with some different phase, while an age almost seemed to intervene between these changing states of consciousness. A moment seemed an eternity; the most terrible depression came over me. My mental states and sensations seemed to move in circles. Rapidly, smoothly, and noiselessly, I seemed to be carried down a psychical mäelstrom. The voices about me sounded in my ears as a dull, dreamy droning, although I understood all that was said. Dissolution seemed imminent. Rapidly I was sinking down the horrid mäelstrom of my own imagination, each revolution bringing me nearer to the pointed bottom below, which I thought would be death. I still could get out, by great effort of the will, as it seemed to me, short sentences; but when I spoke only three words, before the third was uttered the first seemed to be far in the dim distant past. When I spoke, I seemed as if started from a dream; a flash of light came before my eyes, and everything seemed to rise up suddenly before me. I remember that the floor seemed to me to be sloping up before me, and pitching off behind. I now labored fully under a triple consciousness, two dreamy and unreal, and underlying these, apparently, was my real self, obscured by the intoxication upon me. I seemed to pass successively from one state of consciousness to another. When in one state, I remembered the successive changes of sensation in that state that had occurred previously. Noise or movements seemed to transfer me immediately to another state of consciousness. In this new state, the recollection of the sensations in the other state were dim and soon forgotten, while I seemed to remember back in the line of consciousness in which I then was.

Through all these wonderful psychical phenomena, I preserved a good degree of rationality. I remember distinctly to have reflected, "what is my condition?" "How long is it going to last?" I told the attendants ipecac would not vomit me, to get mustard and warm water. When they were going to give me lemonade, I tasted it, and said, "it is not sour enough, put in citric acid, it is the acid that is antidote to the hasheesh." During all this time I was sitting stupidly in a chair, before the stove, making but few movements. I lost all correct idea of time; a moment seemed an age; I thought they never would get the mustard and water for me. After drinking the mustard mixture I called for warm water, and thought they would never get it ready, and called for it, as I thought, about once every fifteen minutes, supposing they had forgotten to bring it. My wife says I spoke incessantly, repeating my request as fast as I could. As I recollect now, it seems to me I called only three or four times for anything, and then at long intervals. I still seemed to be sinking down into the mäelstrom, and was nearing the apex below, when suddenly I gave a retch, and began to vomit. While in the very act of straining to vomit I felt more natural, because, I suppose, of the change of the circulation within the cerebrum. The vomiting over, I felt I was about gone, and said, as it seemed to me, with an awful effort, "put me in bed, I shall know nothing in a few minutes more." At one time I really thought I was entering the world beyond, and was won-

dering how things would appear, when something changed the current of my ideas. Just as I started to bed I had reached the climax of wretchedness. A few minutes before I had taken some lemon juice, which they brought me instead of the citric acid solution I had called for, and now the symptoms seemed to begin to abate. The revolving panorama of sensations seemed to move more slowly, and each revolution appeared to bring me back, up, more to the light, and to myself again. I was now in bed, had walked from the kitchen, but did not feel the floor; with a feeling of relief, I said, "I shall get all right again." My hands now began to become cold, and then my feet, and I requested to be kept warm, and asked to have my hands rubbed. From this on I dozed in a dreamy, intoxicated manner; for a few seconds I lost myself in sleep, and then started up, seeming to have just completed another round, ascending the same spiral mäelstrom which I had previously descended; still I had no correct idea of time; my hands were still cold, and I asked the attendants to chafe them, and then dropped into a doze, and after, as it seemed to me, half or three quarters of an hour, I aroused and repeated the request. Those who were attending me say I was incessantly repeating my request. They put warm bricks to my feet, and I immediately dozed off again, and in less than half a minute asked them to put something warm to my feet, saying I was nearly frozen. I was reminded that it had already been done a moment before. I remembered the circumstance, but it seemed to have been at least two or three hours before. From this on, the symptoms of intoxication gradually abated. After dark, at seven o'clock, I could converse very readily, but time dragged very slowly. Towards morning I slept somewhat more naturally, but was nervous, and felt aching in my back and neck, and soreness of my sides, from vomiting. Next morning my appetite was poor, my head ached, and I felt dull all day—much the same, I imagine, as a man after a drunken spree.

During the whole operation of the medicine the pupils of my eyes were perfectly natural, and after the first few minutes the color of my face was the same as usual. My pulse was at first rapid and strong, afterwards not so strong, but faster than common; my hands and feet were cool, from the end of the first to the middle of the third hour. At no time was there any tendency to spasmodic movements of any kind, no twitching of the muscles; the disposition was rather to lie inactive and quiet. I was about six hours under the influence of the drug, but the climax of the symptoms was reached in about an hour and a quarter. Had the emetic and lemon juice not been taken, the effects of the poison might have been more intense and prolonged.

Taking the drug as I did, just before dinner, it had time to get well spread over the mucous coat of the stomach, and when the process of absorption began, with the meal, the whole of the medicine was suddenly thrown into the circulation. The same amount of the cannabis taken two hours after a meal, would not likely have produced so much effect. My experience with hasheesh leads me to think it is a very powerful drug, but extremely uncertain in strength, as found in the shops. Used in large doses, or in improper cases, it is capable of doing serious injury to the nervous system; while in those cases to which it is suited, it is a remedy of questionable value.

REPORT OF A CASE OF STRANGULATED FEMORAL HERNIA—ASPIRATION—OPERATION—DEATH.

BY W. W. KEEN, M. D.,
Of Philadelphia.

Mrs. L., æt. 69, was a very corpulent woman, who had suffered for months from œdema, especially of the legs, and great dyspnœa, from a dilated heart. Some thirty years ago she had a right femoral and an umbilical hernia, the result of labor. About fifteen years later, a third tumor (presumed to be another hernia) appeared in the right groin. She had worn trusses for some years. I was called to see her in the evening of May 6th, 1875. She had caught a severe cold a few days before, and from her coughing the herniæ in the right groin and thigh had become irreducible at eleven A.M., that day. On examination, I found a large swelling extending from the right ant. sup. spine up to, but not into the labium majus, distinctly below the line of Poupart's ligament, though above the inguino-femoral groove in the skin. Had I not been very careful to fix the line of Poupart's ligament, I should have been deceived, for its resemblance to an oblique inguinal hernia was very marked. It was as thick as

a sausage, elastic and tolerably tense, not discolored, nor painful, nor doughy. On the thigh, at the saphenous opening, loose and movable, was a similar but much smaller mass, and between the two a roll of the contents could be traced across the inguino-femoral groove. The conclusion I drew was that she had had two ruptures, at an interval of fifteen years, both through the femoral ring, the one passing only on to the thigh, the other turning upward towards Poupart's ligament. She had no fever, no peritonitis, no vomiting, and but little pain in the tumors, but her hands and feet were cold, and her pulse 100, weak and irregular. I endeavored to reduce them without ether (on account of the absence of assistants, and her extremely unfavorable cardiac condition), but was unsuccessful. I ordered twenty drops of laudanum every six hours, and ice to the herniæ. The next day her condition was about the same, and after another unsuccessful attempt, with the assistance of Dr. John H. Brinton, to reduce the herniæ, I gave her an injection of sixty drops of laudanum and continued the ice.

Saturday morning, May 8th. Her general condition was about as before, the absence of fever and vomiting being marked. Her belly was very slightly tender. The tumors, however, were larger and tenser, not, as far as touch revealed, from additional extrusion of bowel, but from accumulation of fluid in the sacs, and from swelling. A bright red, erysipelatous blush had appeared over both tumors. On consultation, it was decided to aspirate the tumors, and then to attempt to reduce them. A No. 2 needle (Dieulafoy's) was accordingly introduced into the upper tumor, near the ant. sup. spine, and as soon as its point was beneath the skin, the valve was turned, so that the "previous vacuum" extended to its point. After pushing it in an inch, a turbid, reddish serum was sucked up. It amounted in all to fl.℥ij, and had a distinctly fecal odor. Whether it was all from the sac, or whether the needle had also penetrated the bowel, it was impossible to say. I had hoped to be able to determine it by observing the escape of the air from the intestinal cavity into the syringe, the moment the bowel was penetrated, but some of the joints were not quite air-tight, and so a little bubbling into the syringe occurred all the time. Both of the tumors became much relaxed, and our surmises, as to the two apparent ruptures being two phases of the same hernia, seemed proved. On manipulation now, the lower tumor entirely disappeared; but though parts of the upper tumor could be pushed down to the lower, thus confirming the diagnosis of but one hernia, the upper one could not be reduced, though apparently much diminished. The physical signs were greatly obscured, on account of the corpulency, œdema, and inflammatory swelling.

Sunday, May 9th. The general condition was rather worse; no vomiting had occurred, but the abdomen was somewhat tender, pulse very irregular, as usual, and about 110; beef-tea, milk-punch, etc., taken regularly and retained; occasional delirium, however, had begun. The local condition also was alarming. The œdema and swelling had increased, the apparently erysipelatous blush had gradually assumed a dusky brown color. No inflammation had followed the aspiration, and the puncture could scarcely be discovered. Although the general symptoms of strangulation were not marked, yet I felt convinced that such mischief was going on that death would soon follow, if nothing were done. Accordingly, after consultation with Drs. J. H. Brinton, Allis, and Mears, an exploratory operation was decided upon, and done on Sunday, at 3 P.M. It was a desperate chance in a woman nearly 70, of such corpulence, with so long continued cardiac dilatation, and its consequences, but it was the only chance. I made a nearly vertical incision of about two and a half inches, mainly over the lower tumor, but extending partly on to the upper one, directly over the connecting link between the two. The sac was soon reached and opened, when the hernia was found to consist of a large mass of omentum, extending down on to the thigh, three inches below Poupart's ligament, then, by a thick round roll, up to the level of Poupart's ligament, parallel to which it extended both outward and inward, as described. On lifting this up a small knuckle of intestine was found, constricted by the femoral ring. It was almost black in color, but firm and strong. After some trouble in getting the well wrapped probe-pointed knife into the tight stricture, Gimbernat's ligament was nicked and the intestine, and then the entire protruded omentum, were returned. No femoral canal existed, for the upturned portion of the omentum had lifted the saphenous opening to the level of the femoral. The wound was closed by five sutures, and dressed with adhesive strips, compress and spica; tonics, good diet, and stimulants were

ordered, and twenty drops of laudanum every four hours.

I cannot too highly praise the efficient administration of the ether by Dr. Allis, with his apparatus. In spite of the cardiac difficulty, the dyspnœa, and the cough, I was never once anxious as to her condition under ether; only five and a half ounces were used in over an hour, and she was warm and in good condition at the end of the operation. She reacted well. The slight symptoms of peritonitis, which had set in before, increased to a limited extent, but were masked, doubtless, by the delirium. She gradually sank, and died at 9 A.M. on Tuesday.

Post-mortem Examination, Wednesday, at noon. The umbilical hernia was found to be entirely omental. The belly wall and omentum were very fat. The omentum was adherent to the abdominal wall at the site of both herniæ, by old adhesions, and at the femoral one by some slight recent adhesions. Nearly all the coils of the intestine stuck together slightly, but only a very little lymph was found, limited to the right groin. The intestines and the parietal peritoneum were everywhere in the early active stages of inflammation, the surface being closely streaked with the enlarged vessels. The portion of bowel which had been strangulated was easily recognized by its dark color, but it was still firm. The other viscera were not examined.

NEW REMEDIES.

BY N. KEÉLER MORTON, M. D.,

Of New York City.

In these days of rapid progress, the bad frequently slips in with the good; the wheat, with the chaff, is all taken in the hopper, and, though like water, all sooner or later will find their level, the interim between their first discovery and the exposure of their worthlessness gives an opportunity to the thoughtless and unobserving to commit themselves in such a manner as will compel them afterward to feel ashamed of their hasty and unconsidered enthusiasm. On the other hand, we should beware of too great skepticism.

The introduction to notice of the Brazilian plant, jaborandi, claimed to be a sialagogue and diaphoretic, is just now attracting attention. It induces me to mention another new remedy, about being tried thoroughly, but which may be stated, on good authority, to possess at least strong diaphoretic properties. I refer to an alcoholic extract of an Australian bark, called the *Aabec bush*. The history of this latter article is certainly curious, and devoid of all mystery. A medical gentleman of this city, having an acquaintance with a sea captain, just arrived from Tasmania, with a cargo of wool, called upon him on his arrival, and knowing him to have received a medical education, entered into conversation with him on various medical subjects, and at last spoke of jaborandi, asking if the captain, during some of his voyages to South America, had ever heard of it. Upon the latter's inquiring as to the medical properties of jaborandi, he was told, when he immediately said that while he had never heard of jaborandi, he had an Australian bark among his stores, which he had found to possess wonderful diaphoretic properties, and produced this Aabec bush bark. Just before his vessel's departure from Tasmania, he was attacked by a severe cold, and upon application to one of the educated native physicians, received this bark and some aromatic powders, with instructions to make an infusion of one drachm in two ounces of water, which was to be the dose. He did so, and found it an excellent diaphoretic. Subsequently, while at sea, he was again threatened with pneumonia, which, however, quickly succumbed to the same treatment. He also exhibited it in the case of two of his sailors, with the same effect.

The captain had about twenty pounds of the bark with him, which he gave his medical friend, who carried it to Messrs. Reed & Carnrick, manufacturing pharmacists, and had them prepare a fluid extract, according to the U. S. Pharmacopœia, from it. Samples of this are now being tested in two of the hospitals here, by competent and reliable men, who are not easily carried away by enthusiasm. By their report Aabec bark will stand or fall. As the captain has no interest in the value of this bark to the profession, any further than the scientific interest any educated person would naturally feel, there are considerable hopes felt in the efficacy of Aabec. If it proves itself a success, it will be a valuable addition to our pharmaceutical list, which needs a powerful and rapidly acting diaphoretic, such as this is claimed to be.

Another of the newer remedies is guarana, which, however, has shown variable results. When it has been obtained pure, and used in cases where it was indicated, it did well, but in many cases the preparation of elixirs in such a manner as to sacrifice the quantity of guarana to the palatability of the elixir, and the administration to patients whose symptoms did not de-

mand its exhibition, have caused its failure. Experience has proven that in cases of headache not arising from disordered stomach, it is a valuable and effective remedy, and that when the elixir is properly made, it is efficacious.

A new appliance for inhaling vapor of hydrochlorate, or rather salicylate of ammonia, and any remedies that may be introduced with it, has also made its appearance in the drug stores and physicians' offices. It is called the "Popular Pocket Inhaler," and is so simple in construction and cheap, retailing at one dollar, that it will no doubt be a valuable adjunct in the treatment of the many affections of the air passages, where the application of medicinal vapor is desirable. It consists of two bottles, in a neat case, one containing salicylic acid and connected by tubing with the other, which contains ammonia, water, and any other remedy the physician desires to employ, such, for instance, as iodine, camphor, stramonium, etc. The latter has an inhaling tube attached, applicable either to the mouth or nostrils. Being so simple, and easily managed, it would be useful in enabling a patient to use it several times a day, and at night, and it is really cheap enough to be within the means of even the poor. It is the invention of a physician, I believe, and it is not, like others, either patented or offered as a "cure all and the complete self cure."

Another remedy, which is not so new, but has for a long time been in the hands of the Eclectics, is Juglandin, the medicinal properties of the inner bark of the butternut tree. This, in pill form, in connection with other ingredients, possesses the peculiar properties of producing a *natural* stool when given in constipated cases, without being followed by astringent effects. The formula for this pill, which they call the "anti-constipation," as published by the manufacturers, is as follows:—

℞	Juglandin,	gr.xxv
	Strychnia,	gr.ij
	Leptandrin,	gr.xxv
	Ext. hyoscyamus,	gr.xij.

With castile soap and ol. menthæ pip., a mass is made and divided into one hundred pills, of which two to three are a dose.

The same manufacturers also prepare a cathartic elixir, which, in my estimation, is the only pleasant liquid cathartic which I have yet seen. Each fluid ounce of the elixir contains:—

℞	Sulph. magnesia,	℥viij
	Senna,	ʒij
	Scammony,	gr.x
	Liquorice,	ʒj
	Ginger,	gr.v
	Coriander,	gr. v.

But I have written enough for once, and end my article, hoping that the many questions I have started will be found of sufficient interest by the profession to merit their attention, and a response at some future time, in the way of a report of their experience with some one of the remedies I have mentioned.

Medical Societies.

AMERICAN MEDICAL ASSOCIATION—REPORTS OF SECTIONS.

ABSTRACT OF REPORT OF THE SECTIONS UPON PRACTICAL MEDICINE, PHYSIOLOGY, ETC.

Reported for the

"Medical and Surgical Reporter."

Tuesday, p. m. The Section was called to order by Dr. Austin Flint, its President.

Dr. N. S. Davis, chairman of Special Committee, presented a report upon "The Necessity for Coincident Clinical and Meteorological Observations and Records in the Study of Etiology, and the Influence of Atmospheric Conditions in the Development of the Bowel Affections of Children."

The subject was discussed, and the following resolutions, with which it closed, were adopted:

Resolved, That the thanks of the American Medical Association are hereby tendered to General Myers, Superintendent of the Signal Service Bureau, for the promptness with which he is preparing to add observations concerning the electric and ozonic conditions of the atmosphere, to those heretofore made, at the several signal stations, and for the readiness he manifests to permit the records in his department to be used for the advancement of medical, as well as general science.

Resolved, That the chairman of this Section of the Association be requested to renew the appointment of a special committee of three, whose duty it shall be to promote diligently the work indicated in the foregoing report, and report progress at the next meeting of the Association.

The chair appointed the same committee as before, Dr. N. S. Davis, chairman.

The report was referred to the Committee of Publication.

A paper was then read by Dr. E. H. Clarke, of Boston, Mass., entitled "Doses, their Physiological and Therapeutical Import," which was discussed, and recommended to the Committee of Publication.

Section adjourned to 3 p. m. to-morrow.

Wednesday, p. m. President called the Section to order, at 3 p. m.

A paper was read by Dr. Moreau Morris, of New York, upon "Biometry and its Relation to Practical Medicine." Referred to the Committee of Publication.

Paper by Dr. Bartholow, of Cincinnati, on "Exophthalmic Goitre, and its Treatment." Also recommended to Committee of Publication.

Dr. Octerlony, of Louisville, chairman of Special Committee, reported upon "Cystic Degeneration of the Kidneys." Referred to the Committee of Publication, to which committee was also referred the address of the President of the Section.

Section adjourned to 3 p. m. to-morrow.

Thursday, p. m. President called the Section to order, at 3 p. m.

A paper was read, on "Acute Pneumonia and its Treatment," by Dr. A. J. Erwin, of Mansfield, Ohio. On motion, it was, after some discussion, referred back to the writer, with the request that he would continue his investigations.

Paper, by Dr. L. Elsberg, of New York, entitled "Bioplasm Doctrine." Referred, by motion, to the Committee of Publication.

Paper, on "A New Sphygmograph," was read by Dr. A. T. Keyt, of Cincinnati, and the instrument exhibited and described. On motion, the thanks of the Section were tendered to Dr. Keyt, for his interesting paper and description.

Papers from Dr. H. R. Storer, of Boston, and Dr. L. Turnbull, of Penn. The first on "European Winter Cures," the second, on the "Use of the Tones of the Human Voice in Diagnosis of Diseases of the Ear, with Original Experiments with König's Rods, and the Human Voice," were referred to a sub-committee, to be appointed by the chair, for examination and disposition, there not being time to read them.

The chair appointed Dr. N. S. Davis said committee.

Section then adjourned, *sine die*.

SECTION ON OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN.

Tuesday, May 4th, 1875. Dr. W. H. Byford, of Illinois, presiding.

Dr. M. P. Wright, of Ohio, presented the cadaver of an infant, the last of a series of cases which had occurred in his service in the obstetrical wards of the Cincinnati General Hospital, during the past two years. He denominated the disease, "Black Color," or "Pigmentation," and desired information in regard to its nature and treatment, stating that he had searched, in vain, for the reports of any similar cases. He exhibited a dissection of the kidneys.

Dr. Chadwick, of Mass., called attention to the fact that similar cases had occurred in the obstetrical wards of the Massachusetts General Hospital, a report of which might be found in a recent number of the Boston *Medical and Surgical Journal*.

Dr. Wright was requested to furnish a full report, in writing, of his cases, for reference to the Committee on Publication.

Dr. S. C. Busey, of D. C., presented a paper entitled, "Congenital Occlusion, and Dilatation of Lymphatic Channels," which was referred to the Committee on Publication.

Dr. Nathan Allen, of Mass.. read a paper entitled, "Normal Standard of Women for Propagation," which was referred to the Committee on Publication.

Wednesday, May 5th. Dr. W. H. Byford presiding.

The chairman called attention to the provision of the regulations which required the submission of all papers read before the Section to a special committee for careful examination, and on motion of Dr. Chadwick, the motion referring the papers read the day previously was reconsidered, and the papers were referred to a special committee, consisting of Drs. Byford, Parvin, Jenks, Chadwick, and the Secretary.

The Section refused to permit Dr. Sell to read his paper, entitled, "Obstetrics in Vienna," because the greater portion of it had been published in a journal.

Dr. John Morris, of Md., submitted his report on "Pessaries," which was read and referred to the special committee for examination.

Thursday, May 6. Section met at 3 P. M., Dr. Byford presiding.

Dr. Warner, of Mass., asked permission to withdraw his paper entitled, "The Connection of the Hepatic Functions with Uterine Hyperæmia, Fluxion and Inflammation," and to have leave to present it at the next meeting. Carried.

The address of the chairman was referred to the Committee on Publication, with the recommendation that it be published in the Transactions.

On motion of Dr. Chadwick, the Section tendered its thanks to Dr. Byford, for his very able and interesting address.

The report of Dr. A. S. Heaton, of Mich., on "Retroversion of the Uterus During Pregnancy," was read and referred to the special committee for examination.

The paper by Dr. T. H. Thompson, of D. C., entitled, "Three Cases of Myo-Fibromata, or Fibroid Tumors of the Uterus treated by Ergot," was read and referred to the special committee.

The paper by Dr. Joshua G. Allen, of Philadelphia, entitled, "Phlebitis Following the Hypodermic Use of Ergot, in the Treatment of a Fibroid Tumor of the Uterus," was referred to the special committee for examination.

On motion of Dr. T. Parvin, of Ind., the chairman and secretary of this Section, for the ensuing year, were directed to solicit contributions of papers to be submitted at the meeting to be held in 1876.

A vote of thanks was tendered to the officers of the Section. Adjourned.

SURGICAL SECTION.

Tuesday, May 4th, 1875. The Surgical Section was organized by the election, on motion of Dr. L. A. Sayre, of N. Y., of Dr. Paul F. Eve, of N. Y., as chairman, pro tem., and Dr. S. N. Benham, of Pa., Secretary, pro tem.

The first paper presented and read was by Dr. E. Andrews, of Ill.; title, "Some Results of Operative Surgery."

Results of Operative Surgery in the Lake States, differing from the statistics of other regions.

Climate and habits, as well as local influences, powerfully affect mortality after operations, and correspondingly modify the rules of procedure.

The records of Mercy Hospital, Chicago, other hospitals, and private practice, are compared with records of other localities.

Herniotomy is more successful, as would appear from these records, in the proportion of 79 per cent. to 26 per cent. Causes: Nearly all the cases are in private practice, rarely in hos-

pitals; the people being largely emigrants are in the prime of life and vigor; dryness of the lake climate, etc., induces more open air life, hence septic complications are less frequent. A majority of amputations show a similar favorable result for the West. Another advantage of the West is the smaller hospitals, which are much less liable to great mortality than those larger and more crowded.

Remarks were made by Dr. L. A. Sayre, after which the paper was referred to the Committee on Publication.

The second paper was presented by Dr. Louis A. Sayre; title, "Partial Paralysis and Want of Coördination, from Genital Irritation."

On motion, the paper was referred to the Committee on Publication.

Dr. Kelly moved that Dr. Sayre be allowed a sufficient length of time to revise the paper before submitting it to the Committee on Publication.

The next was a paper read by Dr. C. B. King, of Pa.; title, "Operation for Extrophy of the Bladder." On motion, the paper was referred to Committee on Publication.

WEDNESDAY, May 5th. Dr. E. M. Moore, of N. Y., occupied the chair; Dr. S. N. Benham, Secretary, pro tem.

Dr. L. J. Willien, of Ind., presented a paper on "Hydro-Nephritis with Renal Calculi," with specimen. Referred to Committee on Publication.

The next paper read was by Dr. C. Dennison, of Denver, Cal.; title, "A New Extension Apparatus," with blackboard illustrations. Remarks were made by Drs. Keller, of Ky., Garcelon, of Me., and others. Dr. Bronson, of Mass., moved a vote of thanks to Dr. Dennison, for his paper.

Dr. L. Elsberg, of N. Y., read a paper on "Œsophageal Auscultation. Referred to Committee on Publication, with request to publish.

The report by Drs. Gross, Sims and Toner was made the special subject for discussion, at 3 o'clock to morrow afternoon. Adjourned.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

REPORTED BY DR. J. W. P. BATES.

Therapeutics.

BY THOS. B. EVANS, M. D.

Therapeutics, as now understood, is an opprobrium of the science of medicine. From the diversity of opinions held by men of equal ability, in regard to the value of remedial agents, it is difficult to find any firm foundation for our faith. The medical publications are full of direct contradictions; one writer asserting that such and such an agent has, in his hands, been found to be very useful and reliable, while another denies, with equal emphasis, that it has any value whatever. A chemist in Paris, Berlin, London, or New York, will have precisely the same results from any agent he may employ as the subject of his investigations, when the agent is treated by the same process of analytical attestation. The astronomer foretells, with precision, the transit of Venus, and the results obtained by a number of them, stationed at various points for observation, harmonize on all important points. The science of medicine is as exact a science as chemistry or astronomy, and why the results of medical experience are so widely divergent and so different in their character from those obtained by laborers in the other sciences we have mentioned, is the question we shall endeavor to discuss this evening.

The chemist and astronomer acquire knowledge simply by observation. The subject of inquiry is handled with delicacy and exactness. The chemist first assures himself that his reagents are pure, and that the various instruments to be used are perfectly clean. The investigation is pursued under his own supervision; he leaves no room for doubt or speculation; he forms no hasty conclusions; but subjects the article to experimentation again and again, until all is made clear. The astronomer, in his science, also strives for exactness. His telescope is mounted with extreme care, upon solid masonry, that it may be free from vibration. Its movements are regulated and controlled by machinery as precise as the most delicate mechanical skill can supply. The unerring pendulum marks every point of time, and requires him to be exact, or his observations and deductions will be faulty.

The want of precision and exactness, and the evident lack of sound judgment in collating facts, and the liability to form hasty conclusions from insufficient data, constitute some of the faults that are committed every day by a large number of medical men; and it is owing, in a great measure, to these causes, that so many opposite opinions are held as to the efficiency or non-efficiency of remedial agents. Doctors, like the laity generally, are very apt to attribute the cure of a malady to the last remedy employed. It should be held as an axiom, that recoveries do not always take place by or through the agents employed. Many diseases are cured in spite of the medicines given, and very often the efforts of nature to restore are thwarted and hindered by injudicious dosing. I well recollect a case that will illustrate this fact. I was, some years ago, called to see a child that had been sick for six months. It had been under the care of several of the most eminent physicians, and as no two of them had agreed as to the diagnosis, the treatment had been various, and it was infiltrated with medicines of all kinds. I determined to move carefully, and do nothing beyond giving a simple placebo, but to study carefully, day by day, the points of the case. I ordered,

℞. Sodæ bicarb., gr.xvj
Aquæ cinnam.,
Syr. simp., āā ℥ij. M.

A teaspoonful to be given every three hours; laying especial stress upon the importance of giving the medicine regularly. At my next visit the child was better, and con tinued to improve gradually. In four weeks it was able to move about, and in three weeks more I discontinued my visits. as the child was well. I did not rush into print, and laud the efficacy of bicarbonate of soda as a potent remedy for some trumped up disease. I believe that child would have been well long before if nature had been allowed to have full play, but the digestive organs had been kept continually so disordered by the thousand and one remedies employed, that nutrition was so impaired that the whole machinery of life moved with great effort.

Time and a sequence of changes are necessary for the cure of any disease, and great care should be used that we may not interfere with the chemistry of nature. The secrets of her laboratory have not yet been fully unveiled to us. Better do nothing than run the risk of doing harm by medication. Many diseases are self limited in their course, and the very symptoms we observe, and which we very often treat instead of the disease, result from a combination of the elements of restoration. A bone has been broken or a wound received, and the energy of reparative action produces a train of symptoms which we call fever. In every case we must be guided simply by the appearances presented. Every case treated must be by a law peculiar to itself, as there are few, I may say no two, cases of a disease that can be treated precisely alike. A thousand things intervene that make a difference, as climatic influence, hygienic surroundings, condition of life, temperament, habit, force, idiosynerasy, and business pursuits. These may be mentioned, among the most prominent, as constituting a reason why no specific line of treatment can be relied upon. For a medical man to have in his keeping a certain number of formulæ, by whose mystic force he seeks to eradicate a disease, is certainly not one whit better than the quack patent medicine vendors of the day. There are no specifics in medicine. We have in quinine the only one, to my knowledge, that can lay claim to being a specific, yet very often we fail even with it. At one time sulphur was lauded as a specific in itch, and in a large number of medical works you will find it so stated at this day; but scientific inquiry has demonstrated the fact that the little parasite that causes the disorder can be made to sing his death song and give up the ghost by simple inunction with any oily substance, adeps, or olive oil, without the aid of sulphur, and thus unguentum sulphuris has passed from the position of lord of the manor, where finger nails are a blessing and scratching a decided luxury.

I am not of the belief that specifics are unattainable, but simply assert the fact that as yet we have none, or at least very few. When our knowledge of the causation of certain diseases is based upon better data than we at present possess, I am satisfied, in my own mind, that we may find more specifics. In case we do arrive at that point in the history of diseases, and are able to show the causation, and have our specific in hand, with its effects firmly established, we will have made but very little progress then toward curing diseases. The majority of diseases run a definite course and maintain it to the end, and while able to prevent, we might still be powerless to cure them. The means used will possibly kill the cause, but when the disease is in full blast would fail to annihilate the products generated therefrom. A cannon ball, started from a mountain top, might be arrested in its downward course a few yards from the starting point, by a very little exercise of arresting power, but if the same amount of power were exercised when the ball had pursued its undisturbed way till near the base, it would utterly fail, on account of the increased momentum acquired. So with disease when once established. The means that might arrest it at its inception, would fail to cure or check its progress.

Take up and peruse any of the medical authorities, and you will find a host of remedies for certain diseases. In one book I find for the cure of asthma, 13 remedies; amenorrhœa, 23; bronchitis, 36; chorea, 17; diarrhœa, 31; dropsy, 34; dysentery, 37; dyspepsia, 25; dysmenorrhœa, 18; hemorrhage, 27; leucorrhœa, 21; neuralgia, 27; rheumatism, 41; worms, 41. Again, you will find that some of these remedies have a wonderful therapeutic power. Belladonna, it is said, will cure 40 different diseases; calomel and camphor, each, 60; hyoscyamus, 30; and cinchona may be relied upon as a cure for all diseases of the nerves, scrofulous and rheumatic affections, all kinds of fevers, and most of the nearly three thousand ills that flesh is heir to. Thus we have a hundred remedies for each disease, and each remedy will cure a hundred different diseases. What a lamentable state of affairs. 'Tis not fiction. There is something fundamentally wrong in our investigations of the action of remedies, and it is most time for medical men to break away from the authorities of the past age, and set themselves to work upon a sound and scientific basis, in order that we may build a superstructure of therapeutics that may not have one block of empiricism in it. Empiricism is the bane of our profession. Routine practice is too much pursued by our leading men. Remedies are given wildly, without reason or judgment being exercised, with the blind hope that they may hit the mark. A rational empiricism, in the present state of our knowledge, is perfectly justifiable, when we require time to investigate and properly understand the lesion presented for treatment. But it must be a temporary expedient. Not as the school of Hahnemann, however, which is the child of empirical parentage and sustained by empirical pabulum; but, rather, as a means whereby we can have a sufficient opportunity to note the

symptoms presented in a given case, and by a deduction founded upon a physiological reason, proceed to the use of the proper remedies. After all that has been said concerning the proper method to be pursued in the treatment of disease, that which has its foundation laid upon a substratum of physiology can only claim to be worthy of support, and sufficiently sound to command the respectful attention of every reasonable member of the medical profession. What is disease but a disorder of function or lesion of structure? We must comprehend the duties that an organ performs, before we can undertake to apply a remedy to restore a lost function.

It is claimed by many that pathology must be the basis of therapeutics, but in treating disease, we have to deal with a living organism, not a dead one. Pathology gives you the after-death appearances, shows the probable cause of dissolution, but furnishes no key to unlock the mystery of life with disease. "It is," says Dr. Hughlings Jackson, "an anatomical inquiry to seek the organ or part damaged. It is a pathological inquiry to trace the processes by which the nutrition of the tissues is altered. It is a physiological inquiry to search into the defective workings of the tissue or organ damaged. While anatomy segregates the respective tissues and constituents of the system, and displays their organic relations, it is the province of physiology to discover the occult forces which constitute the life of all anatomical elements, to aggregate the facts, and generalize the knowledge relating to them, and thus reveal the laws of life. Every tissue has something peculiar in its properties. A nerve fibre never contracts; a muscle fibre never conducts a sensation or impression." Each of the many organs and tissues of the body is endowed with a life and power *sui generis*. The microscope has made the science of physiology almost exact, and, using the language of Dr. Draper, "the physician that does not realize the fact that the passage of physiology from a speculative to a positive science is the signal for a revolution in the practice of medicine, is hardly up to the standard of advancement in his profession." We must have a more perfect and correct knowledge of the science of life before we can undertake a task that requires a disorder in the machinery of the organism to be set right. How would you restore to a perfect working order a piece of machinery that might be employed in any branch of industry, without having a positive knowledge of how the mechanism is performed, and in what condition the different parts must be when the whole is in a perfect state. What is man but a machine, with its balance wheels, regulators and safety valves? You must understand the mechanism that moves and controls the functions of life, before you can essay to repair that mechanism when disordered. When you have that part of the work done perfectly, know how, by endosmosis and exosmosis, the fluids of the body are changed and thrown into the circulation; how the process of digestion is consummated; the functions of the glands, the office of the lungs and skin; when all this is known, then you can begin the study of the action of remedial agents. This cannot be done practically by any single individual. There must be concerted action. Let a number of medical men select any one article of the materia medica, and subject it to the test of careful experimentation and observation, make notes of the same, and then compare their work. One swallow does not make a summer, and one fact unsupported in medical science must not be accepted as strictly true. Disease is a life process of a perverted kind. We must know exactly what that perversion is. Disease is no entity, but is a modification of health; a perverted physiological process. It is of the utmost importance, therefore, to know exactly what we have, and what we have not to cure; and a careful study of diseased physiology will make the way clear. The will of the Creator is not a mere fate, but is to be found out. We know only that man is doomed to die, by the result. The tendency of many diseases is to recovery, and it is our duty to aid this tendency by all means in our power. We do not believe, with Petronius Arbiter, "that a physician is nothing else than a satisfaction to the mind," for there are many diseases that can be completely cured, and many others that can, at least, be palliated, by remedial measures. But it is just here that our science fails us most of all. It is essential that we should understand thoroughly the physiological action of drugs. A physiological must precede a pathological pharmacology. It will not do for us, by experiment upon the lower animals, to establish a fact regarding the action of a certain medicine, and deduce therefrom that the effect will be the same when used upon man.

It is but a link in the chain. The action is not the same in a normal condition as in an abnormal one. Although experiments upon animals are all right, yet we can arrive at no definite conclusions until they have been made upon man. For a long time I have recognized this important fact, and my armamentarium is not so fully stocked with drugs as of yore. I confine myself to a less number, and endeavor to study their action. Depend upon it, this is the field where laborers are needed, and where we want to make true progress. Bear in mind that whenever you give a dose of medicine, you perform an experiment, and it is just that you should note all the facts bearing on its actions. The gods sell everything for labor, and by labor we can purchase for ourselves and for suffering humanity grand and glorious truths that will live after we have passed away. A boon like that Jenner gave the human race casts more glory around the humble doctor's last resting place, than "storied urn, or animated bust," or white-capped marble dome. The door is open for original research and investigation. Let us enter without fear or favor.

EDITORIAL DEPARTMENT.

PERISCOPE.

Tests for the Poisonous Alkaloids.

In the *Lancet*, Mr. A. W. Blyth writes:—

Let me suppose the question asked—Given an alkaloid separated from the stomach or tissues, fairly pure, how would you proceed to identify it? My answer would be, in three ways. I will suppose two milligrammes have been separated. I would take about one-tenth of a milligramme and apply the usual acid color-tests. The reactions of the alkaloids with acids are, as is well known, as follows:—

	Sulphuric Acid.		Nitric Acid.
	Cold.	*Warm. Hot.*	
Strychnine	0	0	Yellow[1] Pink[1]
Brucine	0	0	Yellow Red[3]
Morphine	0	0	Brown Orange[3]
Atropine	0	0	Brown[3] 0
Aconitine	0	Brown Black	0
Veratrine	Orange[3]	Scarlet Claret.	0
Solanine	Yellow[3]	Brown[2] Brown[3]	0

(*The small figures show degrees of intensity.*)

Then, if the alkaloid were solid, I should take a little bit of tin-foil or platinum-foil, weigh it carefully, place a small portion of the alkaloid upon it (a milligramme or less), weigh again, then drop the tin-foil containing the alkaloid—wrapped up in it, as it were—into a small flask furnished with a bilateral tube. About fifty centimetres of a well-boiled alkaline solution of permanganate of potash (containing two hundred grammes of potash and eight grammes of permanganate of potash to a litre of water) are poured into the flask, the flask well corked and connected with a small Liebig's condenser, and distilled nearly to dryness, by the aid of a spermaceti bath into another flask, in which the resulting ammonia will then be found. The distillate is placed in a Nesslerizing cylinder made up to one hundred centimetres, and the exact amount of ammonia determined in it in the ordinary way by means of a standard solution and the Nessler test. If the alkaloid be liquid—*e.g.*, conine—I take a vaccine tube, weigh it, then let a minute drop ascend into it, weigh again, and drop the tube in the flask.

	NH_3 p. c.
1. Solanine yields half its nitrogen as ammonia	0.98
2. Morphine " " "	2.98
Codeine " " "	2.87
Papaverine " " "	2.50
Veratrine " " "	2.87
3. Atropine yields all its nitrogen as ammonia	5.73
Narcotine " " "	4.11
Strychnine yields half its nitrogen as ammonia	5.09
Brucine " " "	4.32
Aconitine " " "	3.5
Conine " " "	4.6
4. Nicotine yields half its nitrogen as ammonia	10.49

By thus making four classes of the poisonous alkaloids which contain nitrogen, and determining by analysis the amount of ammonia they evolve, they may be readily referred to the class they belong to, and many of them absolutely identified; thus, for instance, solanine could never be confused with any of the second class, all of which evolve over 2 per cent., while solanine gives about 1. The numbers of the second class are, however, so close that the amount of ammonia alone could not, even in very skillful hands, be absolutely relied upon as a means of identification, for allowance must be made for experimental error. Yet such is the accuracy of the process, that the experimental numbers invariably approach extremely near the theoretical, certainly quite as nearly as in an ordinary determination of nitrogen by combustion; for example, strychnine gave 5.72 per cent. (theory, 5.09 per cent.); solanine, 1 per cent. (theory. 0.98 per cent.); atropine, 6 per cent. (theory, 5.73 per cent.). The second class could not, except by an unusual error, be confounded with the third class, and several of the third class could be distinguished from each other—for instance, brucine from strychnine and atropine, and aconitine from them all. The alkaloid in the fourth class is the liquid nicotine, and it is easily distinguished from the liquid alkaloid conia by the great difference in the percentage of ammonia—the one evolving about 5 per cent., the other nearly double.

Thirdly, the tests of sublimation, as perfected by Dr. Guy (see Guy's "Forensic Medicine").

		Sublime. *Fah.*	Sublime. *Cent.*	Melt. *Fah.*	Melt. *Cent.*
Morphine.	Sublime, melt, & yield carbonaceous residue.	330°	165°	340°	171°
Strychnine		345	174	430	224

		Melt. *Fah.*	Melt. *Cent.*	Sublime. *Fah.*	Sublime. *Cent.*
Aconitine	Melt, change color, sublime, and deposit carbon.	140°	69°	400°	204°
Atropine.		150	66	280	138
Veratrine		200	93	360	182
Brucine .		240	116	400	204
Solanine .		420	215	420	216

I believe, then, that the three tests—viz., (1) the reaction with sulphuric acid; (2) the amount of nitrogen evolved by alkaline permanganate, and (3) the temperature at which the alkaloid sublimes—are the most generally applicable and certain for the identification of the poisonous alkaloids which contain nitrogen.

The Insanity of Adolescence and the Climacteric Period.

In the Dublin *Medical Journal*, Dr. J. Batty Tuke says:—

Trying as pubescence is to the predisposed boy, he has yet a harder trial to undergo at the period of adolescence. As the virile function asserts itself on the organism, heredity frequently asserts itself. The evil habit of pubescence may have been continued uninfluenced by the self-respect which ought in the man to have

overcome it; over-exertion of the brain by study may have deteriorated the vesicular elements beyond their power of recuperation; or the altered and altering nutrition may specially excite to action the function of the cells of the hemispherical ganglia; each condition producing a peculiar train of symptoms. Thus, the masturbator becomes peculiar, suspicious, reserved, full of faint fears, and self-accusing; the student melancholic, suicidal, and misanthropical; and the sthenic subject evinces maniacal excitement, irritability, a desire for action—he walks, talks, drinks, smokes, must ever be doing something. But whatever may be the general symptoms of these three sets of patients, they have one common symptom—a perversion or increase of the sexual instinct—the masturbator thinks women are looking at him, that he influences women unconsciously to themselves; the melancholic believes himself impotent; and the sthenic would run amuck amongst women. It is the last class which so often develop dipsomania. Insanity at this period is said to be influenced by sex; it is stated to be of more frequent occurrence amongst young women, and that the symptoms generally partake in a great degree of the character of hysteria. This is certainly not my experience, which may be exceptional—nay, is, if compared with that of most writers on the subject. I grant the hysteria, but not the insanity. It is contended that the evolutional change is more physically marked in the girl than in the boy. I fail to see this as a reason. I view it conversely; that the absence of an emunctory in the boy is more likely to make him prone to nervous disturbance than the girl, who has a physical vent. I can only instance my experience, that absolute insanity is more frequent in lads, whilst the modified insanity of hysteria is more common amongst girls.

Between the adolescent and the climacteric periods, the constitution of the nervous, like the other systems, becomes established, and disturbance is not liable to occur, except from some accidental circumstance apart from evolution. But when the great climacteric is reached, we find a singularly well-marked form of insanity manifesting itself without any adequate cause apart from the change of life. In those who have abided by the laws which regulate health, in those who have met with the success and comfort which as a rule accrue from a well-spent youth and middle age, in those whose constitutional proclivities are not towards nervous degeneration, this period is overcome with but slight constitutional disturbance, the middle-aged man or woman simply lapsing into the man or woman of advanced years. But in converse cases, the trophesial influence which grays the head, bows the back, flattens the foot, and modifies the general nutrition, concurrently reduces the vigor of the cerebral constituents. No more definite reason can be assigned for the one than can be for the other series of conditions. It is simply a law of nature that degeneration takes place at certain periods of existence; and as no degenerative change acts equally on all the systems, so each is liable to a predominance of decay, according to circumstances in the individual.

Ether Intoxication.

A few years ago we published in the Reporter the "confessions of an ether inhaler," a member of our own profession, for whom it subsequently became our sad duty to sign a certificate of insanity.

We are reminded of this by a paper in the London *Medical Record*, by Dr. Ewald, of Berlin, on a somewhat similar case. It is that of a man aged thirty-two, who was lately admitted into the Charité Hospital, under Professor Frerichs, suffering from general debility and trembling of the muscles. On inquiry, it was found that he was notorious in Berlin for intoxicating himself with ether, his abuse of which had reduced him to his present miserable condition. He was originally temperate, and had been a university student, passing all his examinations with credit; he was, however, of a mystical turn of mind. Unfortunately, a little more than nine years ago, there fell into his hands a medico-popular treatise, in which the use and effects of ether, used medicinally, were described, and a glowing account was given of its effect in quickening the creative power of the mind. He procured about two or two and a half ounces of sulphuric ether, and inhaled it from a handkerchief; the result being to produce insensibility for about a quarter of an hour, during which time he imagined that he lived for an indefinite time and traveled over whole worlds. This condition, however, he was not again able to induce in so high a degree. Becoming gradually more and more addicted to his habit, he no longer confined himself to indulging himself in his own room, but, with his etherized handkerchief before his face, he wandered through the streets, purchasing small quantities of ether at the druggists' shops, until at last he became so great a nuisance to them that many of them closed their doors against him. He was also turned out of his lodgings, on account of the annoyance produced by the smell of his breath, and became a houseless wanderer, reduced in means and in health. In the hospital, there was no indication that his mind was affected; his memory was not impaired; his style of speaking was fluent. On one occasion an attempt was made to produce complete anæsthesia. For this purpose more than seven ounces were required; the ether being given by an inhaler, and loss being prevented by closing in the apparatus with cotton-wool. No sooner, however, was the inhalation stopped, than the state of insensibility passed off. He was then allowed to take the ether in his own way, by inhaling it from a handkerchief. Given in this way, it produced a stage of excitement, during which he danced about the room, talked nonsense, and appeared much pleased, but there was no true narcotism.

It was not thought justifiable to subject him to other experiments with ether, as it was desirable to break through his habit. It is interesting, that his susceptibility to the action of cannabis indica was not impaired. This drug was given as a substitute for ether, and on the first occasion, too large a dose having been given, the result was the production of phantasms, such as are induced by the smoking of hasheesh.

The Treatment of Scarlatina.

In a paper reported in the *Irish Hospital Gazette*, Dr. James Little gives the conclusions at which he had arrived as regards the above subject, from his experience of a late epidemic. He was of opinion that, in scarlatina, of all diseases, it is most necessary to abstain from the administration of medicine, unless there is a very distinct indication to be fulfilled, and reasonable grounds for believing that we have a drug which will fulfill this indication. In the present epidemic he had seldom used either chlorate of potash or tincture of iron, because they did not appear to produce any distinct effect on the symptoms, and appeared to increase sickness of the stomach and looseness of the bowels if already present, or sometimes to induce them; while extensive swelling of the neck or pyæmic inflammations of joints were not more frequent than amongst cases in which they were assiduously administered. Where there was severe inflammation of the tonsils, Dr. Little recommended clearing the throat twice a day, or in severe cases more frequently, with a camel-hair brush, dipped in a mixture of one part of glycerine of carbolic acid and two parts of water. A poultice kept firmly applied below and behind the jaws, was also advantageous; the sucking of ice did not appear to him useful, as the water which results from its melting entails frequent and painful acts of deglutition. For scarlatinous rheumatism an anodyne liniment and cotton wadding were the best applications. The intense headache, urgent vomiting, restlessness, and feeling of oppression which are sometimes present just when the eruption is appearing, are most quickly relieved by swathing the limbs and trunk in blankets wrung out of hot mustard and water. If there is restlessness, sleeplessness, and delirium, during the early days of the disease, the hair should be cut. When these nervous symptoms are associated with a high temperature, they may often be relieved by tepid sponging, or by the anointing of the body with fresh or benzoated lard. The application to the legs of flannels wrung out of mustard and water, and the administration of bromide of potassium, is also useful. Leeches to the temples and an ice-cap to the scalp may be required. He did not believe there was any risk in a moderate dose of solution of morphia when indicated; and was of opinion that preparations of opium were much safer than chloral. When there is a condition approaching coma, and the secretion of urine was scanty or absent, Dr. Little has found tea or coffee the best remedies. He has seen the kidneys act more freely after a cup of rather strong freshly-made tea, than after medicinal diuretics; but if the water continues scanty, was in the habit, in addition, of dry-cupping the loins, and applying a digitalis poultice, and prescribing a diuretic mixture. Vomiting and purging are always ominous symptoms in scarlatina. Dr. Little was, therefore, extremely careful to avoid any food or medicine which may provoke them, and endeavored, as far as possible, to feed his patients on milk, given either alone or made into junket, or with tea, coffee, or soda-water. He avoided beef-tea, and used chicken broth sparingly. He did not look upon alcoholic stimulants as very valuable agents in the treatment, their effect in injuriously exciting the patient being more marked than in most fevers. For the tormenting itching which attends desquamation, the inunction with lard was *the* remedy.

Grindelia Robusta in Asthma.

Dr. Q. C. Smith, M. D., of Cloverdale, Cal., writes to the *Pacific Medical Journal*:—

Several months since, at the suggestion of Dr. W. P. Gibbons, of Alameda, we procured a small package of the solid ext. of grindelia robusta, with the intention of giving it a trial in the treatment of diseases of the respiratory organs. And as Dr. Gibbons desired us to report the results, we take this opportunity of doing so. We have used the remedy in one case only, and that was a case of spasmodic asthma. We could detect no organic lesion, either in the lungs or any other part of the patient's body.

Mr. M., the patient referred to, is thirty-seven years of age, tall, rather spare habit, with narrow chest; a stock rancher by occupation; has lived in California since he was eleven years of age; born in Missouri, and lived there prior to his emigration to this State. Has suffered from severe and frequent attacks of asthma since early childhood, for the relief of which he has taken many remedies from many physicians and non-professional persons, with little and only temporary and partial relief, never being entirely free from asthmatic symptoms. Much of the time he was unable to walk more than a few paces at a time without stopping to get breath. About five months since he commenced to take the ext. grindelia in pills; taking, when the attacks came on, two or three grains three times a day, for two or three days, then taking two or three grains at bedtime only, for eight or ten days longer.

Under this mode of treatment, the attacks became lighter and more remote; and during the interval between the attacks, he gained flesh and strength, and improved greatly in his general health.

More than two months has now passed since Mr. M. felt any symptoms of his old enemy, the plague and terror of his life: and now he is

heavier and stronger than ever before in his life, and can climb the rugged mountains of his sheep ranch and the surrounding country, looking after stock and hunting game, with an endurance, agility and speed unsurpassed by any of his neighbors. We think this happy change due entirely to the virtues of the remedy mentioned, as our patient took no other medicines and continued to follow the same employment, and was circumstanced just as he had been for years before. He thinks he is *permanently* cured; but we entertain serious doubts of it, although the remedy has already been of invaluable benefit to him. We know "*one* swallow does not make a summer," but only give this as our limited experience with what we hope will prove to be a valuable remedy.

A Minute Anatomy of the Process of Healing of the Skin by Granulation.

The London *Medical Times and Gazette* says:—

Professor Thiersch has investigated this subject by studying the development of portions of skin grafted on wounds by Reverdin's process. Selecting a patient who was to have his leg amputated, Thiersch grafted portions of skin on to the limb from time to time, the last occasion being eighteen hours before the amputation. The vessels of the leg were injected after its removal, and a number of important points were then determined. It was found that union occurs without a layer of structureless cementing substance, not more than a leucocyte or two separating the united parts. Successful union is accompanied with the inosculation of the vessels, which can be fully injected from the side of the vessels of the granulating surface as early as eighteen hours after grafting. The connection between the two sets of vessels is established by intercellular passages, which become developed into regular vessels in a few days. Nevertheless, the vessels of the graft undergo a secondary change: they become wide, dilated, shoot out buds and processes, and, in short, assume quite an embryonal character. Should the primary inosculation fail, it is possible that true development of vessels may occur. Under these circumstances the epidermis and papillary layer of the graft fall off, and the transplantation appears to have failed. This, however, is not the case, for the subcutaneous tissue, with the remains of the sweat-glands, continues the healing process. By-and-by an epithelium makes its appearance in the situation of the supposed unsuccessful graft, which is probably derived from the remains of the sudoriparous glands. Thiersch states that in many cases it is advisable to modify M. Reverdin's method of grafting, and to first remove the granulations of the wound by a horizontal cut, and then, after a few hours, when inflammation has begun, to perform the transplantation with skin which has previously been contused or inflamed.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——"The Present Status of Electricity in Medicine," is the title of an address read before the Rhode Island Medical Society, by Dr. Wm. F. Hutchinson, and published by request of the members. It makes a neat pamphlet, and gives a comprehensive view of the subject.

——An autobiography of Dr. A. B. Granville, a well known English physician, has recently appeared in London. An Italian by birth, he was, by turns, an actor, a surgeon to a Turkish fleet, a supercargo of a Venetian polacca, assistant surgeon to an English man-of-war, a dramatic critic and lecturer on Chemistry. He was the first to perform ovariotomy in England.

BOOK NOTICES.

A Manual of Diet in Health and Disease. By Thomas King Chambers, M.D., etc. Philadelphia, H. C. Lea. Cloth, 8vo, pp. 310.

There are few subjects which better repay the attentive study of the physician than that of dietetics; and in the volume before us we have, by a master hand, a most useful exposition of the rules which should be observed in this direction, to promote health and relieve disease. Technical learning has been avoided, and any intelligent reader can peruse the treatise with profit and pleasure.

The author commences with an introductory part, on the choice of food, its preparation and digestion, and on nutrition. He then proceeds to the special dietetics of health, giving the regimen appropriate to infancy, youth, ordinary life, literary life, in traveling, in training, and in the decline of life. The effects of climate and of noxious trades are discussed in this connection, and a chapter is given on the propriety of the use of alcohol in health. The conclusion on this subject is that a small amount of pure wine, or fermented liquor, with the principle repast of the day, is to be approved and recommended.

The rules of regimen are then given, in acute fevers, weak digestion, gout, rheumatism, stone and kidney complaints, nerve disorders, scrofula, consumption and cardiac disease. The directions are clear and simple, and wholly free from fanciful theorizing or hobby riding. On its topic, we know of no better book.

THE

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AN ELECTRO-MEDICAL DECEPTION.

It is extremely rare to see a *prima facie* quack advertisement on the covers of any of our reputable medical journals, but when seen there, it is a disgrace to that sheet, and an insult to a learned profession.

In proof, there appeared first in *The Popular Science Monthly*, of February, 1873, an article entitled, "Is Electricity Life?" purporting to be a quotation from the English *Belgravian Magazine*. That article discussed several points that are disputable, and was not any way remarkable until there was special reference, but in a most garbled manner, to the well-known European "Pulvermacher Chain," or *Armadillo*, while the latter was assumed to be both head and tail of the former. It spoke particularly of Sir Charles Lockock and many other distinguished medical names as endorsing it (the Armadillo), which, in fact, had never been heard of, or seen by them, and no educated physician could ever recommend, nor any intelligent and honorable apothecary, if he understood it, would offer for sale. Some attention was directed to this singular article at that time. Many persons spoke of it, and grieved to see it in that high-toned popular monthly; for the fact of its being there, and being so garbled and altered, was calculated to mislead many an inquiring but inexperienced reader to believe, if possible, that this new fangled *Armadillo* and Pulvermacher's Chain were one and the same thing; or at least synonymous, scientific, and well endorsed. That Chain, truly, was known to be a sort of battery, and as a whole to give a current that was demonstrable by the voltametre, and for this quality, as a mild and constant medical application, it was highly recognized by Sir Charles, and by many others of high authority, though it was frail, expensive, and difficult to be correctly applied in therapeutics. But as for that quackish "Armadillo," it did not and cannot give a current, as a whole, or as shown by a voltametre, though *one thousand such metals should be hitched alternately together in that way, on belt, band, sole or plaster.* They simply corrode, are filthy, and disgust. Can it be possible that any member of the regular medical profession, in these days, can be taken in by such barefaced quackery? having merely a semblance, no not even a semblance of pile or battery, and without even a shadow of science or art about it.

Now, in *The Popular Science Monthly*, of 1875, February number, on page 505, we find another article, an editorial this time, and headed "An Electro-medical Humbug." In referring to the said article, that appeared two years before, the editor says, "its admission into our pages was an editorial inadvertence; the article having been glanced at in haste, and only the first portion of it read. Its object, however, was to puff a quackish device of magnetic bands and soles, to be worn on the limbs for the cure of nervous diseases. They were first called Crystie's Rings and Bands, then a

Voltaic Armor, and having been revived and rehashed as "Armadillo," they are advertised *as if* endorsed by *The Popular Science Monthly*. The advertiser says that the most eminent medical men of Europe and America approve their use (?) but none of their names are given, the sole authority quoted being the foreign writer in that *Belgravian Magazine*. Now the publication of that article was a blunder, and the article itself (Armadillo) is absurd and worthless. If all editors who happen to have been at some time the victims of careless oversight will copy this paragraph, they may help to protect a great number of too credulous and stupid people, with 'rheumatics' and 'neuralgias,' against being humbugged."

Every honest medical man is heartily thankful for these plain spoken words of the gentlemanly editor. Every Medical Journal will do service and pleasure to the profession by noticing this article. A clear distinct line must be maintained between legitimate therapeutics and *prima facie* quack advertisements. We hold that an advertising department, on the covers of our medical journals is indispensable. Yes, not only admissible, but indispensable to a growing, wide awake medical profession.

But what shall be said when we now behold, for the fourth or sixth time in succession, an advertisement of this same "Armadillo" flaunted on the covers of two of the more prominent medical journals, one in New York and one in Boston, together with a piece of that garbled quotation just referred to, being with and for this self-styled "Electro-magnetic Armadillo," but in reality a silly "Electro-medical Humbug."

In this connection we would state that the similar device, called "Volta's Electric Magnetic Chain Belt," never was endorsed by the REPORTER, and the advertisement, a copy of which we have, containing a long extract from "The Philadelphia Medical and Surgical *Journal*," never took that extract from the REPORTER; and moreover, no such medical periodical as named is published in this city. The absurd assertion that the Belt was patented by Professor Volta (!!) sufficiently stamps the article as a barefaced imposture.

NOTES AND COMMENTS.

Degrees of Alcoholism.

In a work by Dr. Magnan, of Paris, entitled, "De l'Alcoholisme," which has obtained the prize of the Académie de Médecine recently, the author, in his second chapter, classifies the patients who are the subjects of alcoholic delirium, and bases his classification upon the degree of the poisoning.

In febrile delirium tremens, as Dr. Magnan teaches, fever is an essential element in the disease, and has an existence of its own; whereas, in the other form of delirium tremens, the fever may originate in pneumonia, erysipelas, pericarditis, or wounds, caused either by injury or therapeutic appliances. The fever progresses according to the cause, in the one case following a normal cycle, in the other varying with the intercurrent affection.

With regard to the remedy, hydrate of chloral, which has been so much praised by some physicians in the treatment of delirium tremens, M. Magnan says that it has unquestionably a place in the treatment of brain diseases, since it affords a very soothing effect in giving repose in mania and in melancholia accompanied by insomnia; but it is not a good remedy in cases of poisoning by alcohol of grave nature, or in febrile delirium tremens. The best treatment for such cases is to protect the patient from injuring himself or others, to get rid of the poison, if possible, and to sustain strength.

Should Mercury be Given in Primary Syphilis?

Dr. Jullien, of Paris, has lately published a discussion of this question. He bases his conclusion on 237 cases, from the analysis of which he derives some of the following conclusions: (1.) Persons with syphilis who take mercury in the commencement of the secondary period constitute the great majority of the tertiary accidents we meet with, whether in hospitals or in private practice; after these come, in order of frequency, the cases of syphilis left to nature, and then those treated by the specific at the commencement of the sore. (2.) Those cases of syphilis submitted at once to mercury, are

those which are most slowly evolved; then come cases of natural syphilis, and then cases of syphilis where mercury is given as soon as secondaries appear. (3.) The tertiary lesions of the testicle and nervous system are the almost sole appanage of mercurial treatment. (4.) Lastly, in his last and principal conclusion, the author thus expresses himself: "If we had to arrange in a general manner our three series according to their benignity, we should adopt the following order: (1) natural syphilis; (2) syphilis mercurialized from the first; (3) syphilis mercurialized from appearance of secondary symptoms."

Total Abstinence.

At the recent annual festival of a temperance society, Sir Henry Thompson, who spoke at length, declared his belief in the principles held by those who formed that gathering. He considered that habitual, or, as it was usually called, moderate drinking, was a thing which people should avoid, if they wished to have a sound mind in a sound body. It is a somewhat remarkable fact, that many of the most hard-worked professional men in London are habitual abstainers from alcohol, and have been so for some years, on the basis of personal experience, and from the fact that they have found the use of alcohol to interfere with their physical health and mental activity.

Treatment of Pneumonia.

Dr. A. Flint, in some remarks before the N. Y. Academy of Medicine, reported in the New York *Medical Journal*, referred to the value of opium, and added that he was in favor of the administration of quinia, having witnessed marked benefit from its use.

Dr. W. H. Thomson read the histories of five cases of pneumonia which had recently been under observation in Bellevue Hospital, and in which the main treatment had been antipyretic. The method pursued was to apply to the chest ice-bags till the temperature fell. Of the five cases, only one proved fatal. Dr. Thomson read a selection from Niemeyer, bearing out his opinions as to the effect of cold in keeping down the temperature, and improving the chances of the patient. He said also, that the medicinal treatment consisted in the administration of ten grains of the carbonate of ammonia every two hours, with one grain of quinia every hour.

Use of Blisters.

Dr. Hollis, in an interesting paper on "The Therapeutic Action of Vesicants," in the new volume of "St. Bartholomew's Hospital Reports," submits that he has experimentally proved:—

1. That their local action consists in first diminishing, and subsequently in destroying, the vitality of the parts with which they are brought into contact.

2. That this action is also depletory; whilst increasing the amount of blood in the tissues immediately under the blistered surface, it renders the deeper subjacent structures very anæmic.

3. That, besides the depletory action, blisters influence the system generally, depressing the heart's action, slowing the blood stream, and cooling the temperature of the body. These results are probably due to the reflex action of the central nervous system.

Correspondence.

Asthma Relieved by the Air of a Greenhouse.

Ed. Med. and Surg. Reporter:—

Prof. Jeffries Wyman made the remark that "No single experiment in physiology is worth anything." This is true of cases in medicine, but the report of a case may call out some other experience, or experiment, that may prove something, and be a benefit to the world. I have a single case to report, with the hope that it may call out some other, or lead some one to try the experiment.

Mr. B., a man of 45, emigrated from Scotland fifteen years ago, mainly on account of his health. He is of medium size, of good figure and habits, but for many years has been afflicted with asthma, dependent on no other disease, but coming on frequently, in paroxysms, as is usual, and lasting several days, and, as is generally the case, being worse at night, precluding a recumbent position. He stopped for a time in Brooklyn, but was rather worse there, and was advised to "go West." He came to the central part of this State and went to farming. For about two years he was better, when the disease returned, so as to preclude him from out of doors work. He abandoned the farm, and came to this place, a river town, and engaged in carpenter shop work. Change of location and employment seemed, for a time, to benefit him, but about half his time was taken up by his attacks, and he was for the most part unable to sleep in bed.

Living near a market garden, to which was attached a large greenhouse, he found, one rainy day, when he had taken shelter there, that his

breathing was much relieved. This was a matter of surprise, as he was usually worse in a moist atmosphere at home. The next time the paroxysm came on, he, with much exertion, went to the greenhouse, and in two or three hours was over an attack that usually lasted several days. After a few more trials he ventured to spend a night there, and was able to lie down and enjoy a refreshing sleep. Since then he has spent most of his nights there, and goes there at any time in the day, whenever he feels the premonitions of his disease, always to find relief. His general health is improved, and the attacks are much less frequent. He has practiced this for the last four years. The greenhouse is quite a large one for the country, of the usual construction, having several compartments, roofed with glass, and communicating with the furnace and workroom. The temperature is maintained in winter at about 55° or 60°, and is always loaded with moisture and the odors of roses, geraniums, hyacinths, and all the exotic plants and flowers that usually make up such a collection.

To many people in health the air is oppressive, producing a kind of asthma, and sometimes something like hay fever. It would be almost unendurable for a night. No doubt there is an excess of oxygen in the air, maintained by the growing plants; there is also much moisture and many pungent odors.

If any one sees this, and is afflicted with asthma, or has a patient who is, will they try the experiment or recommend it, and report?

P. J. Farnsworth, M. D.

Clinton, Iowa, May 2, 1875.

Guarana in Headache.

Ed. Med. and Surg. Reporter:—

Guarana, which has been exciting some attention this last year or two, has proved, in my hands, one of the very best medicines in most all cases of headaches, and I will here cite a few typical cases in which I have tried this, to me, new and valuable medicine.

Mrs. S., aged 70 years, says she has had a headache for the last fifteen years, caused by cinchonism during malarial fever. I gave her guarana in five-grain pills five times daily. She left here about three weeks ago, to go, in the cars, to her friends in Tennessee, and she sends word she is recovered from that dreadful trouble.

Mrs. S., daughter-in-law of the last, has suffered with sick headaches for a long period. I gave her the guarana in five-grain pills every two hours, and she sends me word of her perfect and rapid relief, and says the medicine causes "a delightful exaltation."

Case No. 3 is that of an old hard drinker, who has left off drinking any alcoholic beverages, but continues to smoke tobacco, and wakes every morning with a headache; gave mass hydrarg., one scruple at bedtime, with guarana pills, six grains every three hours; head relieved after a very few doses.

Guarana will not permanently cure any case of headache, but will certainly relieve most cases, and that promptly, and where there is no return in the patient to the producing cause, I believe the headache will not return after the use of this medicine. I have not been able to observe any effect in the system except that of exhilarating nerve sedative.

Jefferson, Texas. A. P. Brown, M. D.

On Tubercular Diseases.

Ed. Med. and Surg. Reporter:—

As the fatality of diseases affecting the colored race is alarmingly upon the increase, I think a few remarks upon this subject not inappropriate. Of all diseases, the great scourge is pulmonary tuberculosis. Until within the last decade, tubercular affections were not more frequent in the colored than the white race; indeed, the amount of white blood seemed to be the predisposing element, the African enjoying a certain degree of immunity. But within my observation, the contrary seems now to prevail; especially is this the case in the acute type of disease. I have never seen a case of acute miliary tuberculosis in a white; with the mulatto the type is generally more rapid than with the white, galloping consumption, as it is frequently called. But in the *black* we encounter the acute miliary type, *sui generis*.

Contrary to Niemeyer's rule, that this disease generally follows old caseous deposits, it appears to result from any depressing cause, and in many cases the patient has never been known to have had any organic disease. Especially is this the case with young females, about the age of puberty. The eruption of the tubercle appears to be essentially a neoplasm.

The physician is generally consulted in these cases for some trivial derangement; as the attention is seldom early attracted to the lungs. I have found neither cough nor hæmoptysis among the first symptoms, and have seen patients die without having had either. A hard thing for the laity to understand, that a person can die of consumption without cough or hemorrhage. The early symptoms are sometimes obscure, and the general appearance of the patient has much to do in the formation of a diagnosis. The two characteristic symptoms, the most striking and disproportionate to all the rest, are the rapidity of pulse and frequency of respiration. From the general diffusion of tubercles, percussion often fails to elicit an observable dullness. You find, upon auscultation, a suppression of the vesicular murmur; with small, dry, crackling râles throughout the lungs. In several cases I have failed to observe any increase of temperature until near the termination of the disease, which appears to be from asphyxia, due to the general obstructive diffusion of tubercles.

James S. Rawlins, M.D.

Dancyville, Tenn., May 13*th*, 1875.

A Rare Case in Obstetrics.

ED. MED. AND SURG. REPORTER:—

It having been my fortune to meet with a very rare and interesting case, I am desirous of having it presented to the Medical world, through the columns of the REPORTER.

Mrs. L., age 34 years, of foreign birth, nervous temperament, mother of four children, all healthy, sent her husband to consult me, March 22d, 1875, on account of a uterine hemorrhage, which had been troubling her nearly a week.

Mr. L. stated that his wife supposed herself gone in pregnancy, about five months, and was fearful she might miscarry, on account of the "wasting." Prescribed, fl. ext. ergot, with plumb. acetas and opii., conjoined with rest, which appeared to have a good effect. The prescription was given on Monday, and the woman felt able to attend the closing exercises of a school on the Friday following.

Sunday, 28th, 1. A.M., was summoned to see patient; immediately on arriving at the house, learned that labor pains had commenced about four o'clock in the evening, and that the waters had escaped about half an hour before my arrival. Was also informed that something else had passed away, which proved, on examination, to be correct, and all that remained for me to do was to remove the placenta, which was readily accomplished. On removing the entire mass to a suitable receptacle, found two fœtuses, attached to one placenta, nearly at same point, near centre of placenta. The fœtuses were males, presenting about the same degree of a healthy development, cords distinct, presenting a normal appearance, in every respect. Manifesting a desire to preserve the specimens, was furnished a common glass fruit jar, in which I placed them, and carried the same with me to my office, where a careful examination revealed the following special points of interest in the case.

1. There was one placenta, one chorion and one amnion.

2. Both fœtuses were contained in the same amniotic cavity, in no way united, and presenting no evidence of an intervening membrane.

3. The placenta presented a healthy appearance, nicely developed, and what we would recognize as an ordinary placenta in a single birth. The foregoing peculiarities are of exceedingly rare occurrence, but do occur; we refer the reader to Prof. Bedford's *Obstetrics*, 4th ed., page 441.

The woman made a good recovery.

Dutch Creek, Ia. J. C. ROBERTSON, M.D.

NEWS AND MISCELLANY.

Personal.

—By an error of type in the "Medical Register and Directory," Dr. Isaac Farrar, of Hartford, Ct., was entered as an Eclectic physician. As he has always practiced regularly, purchasers of the book will please make the correction.

Medical Society of the State of Pennsylvania.

The Annual Session will be held at Pottsville, on Wednesday, June 9th. Excursion tickets will be issued by the Philadelphia and Reading, the Pennsylvania Central, the Northern Central, and the Philadelphia and Erie Railroads. Delegates must apply to the undersigned for orders for tickets, naming road and number of orders desired, enclosing *stamp* for reply.

WM. B. ATKINSON, *Permanent Secretary*,
1400 Pine Street, Philadelphia.

Northern Medical Association of Philadelphia.

A stated meeting will be held at the hall of the Northern Dispensary, 608 Fairmount Avenue, on Friday evening, May 28th, at 8 o'clock. Subject for discussion, Salicylic Acid. To be introduced by Dr. James Collins. Medical profession cordially invited.

CHARLES CARTER, *Secretary.*

Items.

—Dr. Pixton, dentist, of Lancaster, has the impression of the mouth of a colored woman, taken by Dr. Robinson, of Rome, New York. The jaw is three inches from front to back, and three inches across, constituting the largest human mouth known to the dental profession in this country. The ordinary mouth is only 1½ by 2 inches.

—Some one has several good diplomas for sale. He advertised in Paris that he would lend money to physicians upon the presentation of their diplomas. Many young doctors left these treasures at his establishment, to be verified, and he disappeared next day. So the diplomas will be offered shortly.

QUERIES AND REPLIES.

MR. EDITOR:—Will you please inform me, through your journal, what is the composition of the patent medicine known as "Piso's Cure for Consumption."

Respectfully yours, J. J. M.

Dr. R. M. H.—"Please give, in the REPORTER, the best formula for solution morphia, for use hypodermically."

[We should be glad to have the experience of readers on this.]

OBITUARY.

DR. JAMES E. JACKSON

Died at his residence, in Falston, Beaver county, Pa., on the morning of the 5th inst., after a brief illness. Dr. Jackson was in his 56th year, was a native of this county, and spent his life in the cheerful service of its citizens. He was a close student, enthusiastic in his profession, and his whole life-work was characterized by a conscientious and self-sacrificing devotion to the interest of

his patients. Personal suffering never prevented his attending to the call of the afflicted, and his death, in the prime of manhood, was primarily due to his professional devotion. His scholarly attainments, his fidelity in work, and his fine sense of both professional and social honor, greatly endeared him to the community and to his medical brethren; and his death has saddened the hearts of the many among us who knew and loved him. Dr. Jackson was a graduate of Cleveland Medical College, a faithful and valued member of the Beaver County Medical Society, and also a member of the State and National Medical Societies.

D. FRANCIS CONDIE, M. D.

At a meeting of the Philadelphia County Medical Society, held April 28th, 1875, the following resolutions, presented by Dr. G. Hamilton, were adopted:

Resolved, That the members of the Philadelphia County Medical Society have learned, with regret, the death, March 31st, 1875, of Dr. D. Francis Condie, one of the founders, and at one time President of this Society.

Resolved, That in the decease of Dr. Condie, the Society recognizes the loss of a former member, who was long distinguished among his fellows, by the constancy and zeal manifested at all times, and upon all occasions, in the support of whatever tended to fulfill the objects for which the Society was instituted, and in the exaltation and maintenance of its character and reputation.

Resolved, That by the death of Dr. Condie the profession has lost an indefatigable student, and an author whose stores of practical knowledge, strong common sense, and large experience, had enabled him to contribute much valuable matter for the guidance of the practitioner.

Resolved, That in integrity, and general moral worth, the life of Dr. Condie merits our fullest approbation, and that in his spirit of benevolence, prompting him in early life to aid, as a pioneer, in the foundation of the first temperance society of Pennsylvania, the community has cause to hold his memory in grateful remembrance.

Resolved, That, while deploring the loss of our late member, we have, nevertheless, reason for thankfulness, in the length of days granted to him, and that, in the wisdom of a Providence that cannot err, soundness and strength of intellect were vouchsafed unto him until near the close of his existence.

DR. SUSAN DIMOCK.

The wreck of the steamship Schiller brought upon the profession the loss of Dr. Susan Dimock, one of the most promising of the female members of the profession in America. From an appreciative obituary notice by Dr. Mary Putnam-Jacobi, in the *Medical Record*, we extract the following notice of her.

"Dr. Dimock graduated with honors at Zurich, after the prescribed four years' term of study. Her thesis was written on the cases of puerperal fever she had had an opportunity of observing in the wards of the hospital. She has been practicing medicine in Boston a little over two years, but in this short time has already won for herself a deserved reputation among some of the best surgeons in the city. As resident physician at the New England Hospital she has already performed many important surgical operations. She had a certain flower-like beauty, a softness and elegance of appearance and manner, such as is abundantly lacking in the women most eager to denounce surgical accomplishments as outrageously unfeminine. I have wondered whether she did not resemble Angelica Kaufman. Underneath this softness, however, lay a decision of purpose, a Puritan austerity of character, that made itself felt, though unseen. 'She ruled her hospital like a little Napoleon,' said a lady who had been there under her care. The ideal steadfastness, which is only possible in characters of this kind, was shown to me at my first interview with her, when she came—a girl scarcely out of her teens—to Paris, on her way to Zurich. We urged her to spend a few days in the capital, for the sake of the recreation to which American students usually consider themselves entitled before they settle down to their studies. Miss Dimock alone refused, for the reason, which she gave with the utmost frankness, that she had been obliged to borrow money in order to prosecute her studies, and should not feel justified in spending a cent of it for amusement or sight-seeing. She put forward all amusements into the future, until she should have won her university degree, and should have fulfilled a pledge of hospital service in Boston. Towards this horrible voyage of April, 1875, converged the pleasurable anticipations of nearly seven years. Among all the bright lives that have been engulfed in this dreadful shipwreck, none is more valuable than hers. Perhaps no woman's life of equal social value has met this tragic fate since the body of Margaret Fuller was washed ashore."

MARRIAGES.

GUERNSEY—HAGEMANN.—On Monday evening, May 17th, at the residence of Prof. Botta, No. 25 West Thirty-seventh street, by Rev. Wm. M. Taylor, D. D., Dr. Wm. N. Guernsey, of New York, and Cathinca B., daughter of the late Frederic C. Hagemann, Advocate Royal, of Bergen, Norway.

MITCHELL—REAMY.—At the Grand Hotel, Tuesday Morning, May 11th, by the Rev. David H. Moore, Dr. Giles S. Mitchell and Miss Mary A. Reamy, only daughter of Dr. T. A. Reamy, both of Cincinnati, Ohio.

PERKINS—ALLEN.—On Tuesday, May 18th, 1875, at the home of the bride, in Greenville, Illinois, by Rev. N. S. Dickey, Albert N. Perkins, M. D., of Van Burensburg, Illinois, and Miss Mollie V. Allen.

SEVERANCE—SAWYER.—On May 14th, at the residence of F. R. Pratt, Shelburne Falls, Massachusetts, by the Rev. Moses Harris, of Brattleboro', Vermont, C. E. Severance, M. D., of Shelburne Falls, formerly House Physician at Seaman's Retreat Hospital, New York, and Miss M. Evelyn Sawyer, of Brattleboro'.

STUDDEFORD—SEABROOK.—At Lambertville, New Jersey, by Rev. P. A. Studdeford, D. D., Theodore H. Studdeford, M. D., of Lambertville, New Jersey, and Mary Gordon, daughter of the late Nicholas B. Seabrook, Esq., of Richmond, Virginia.

WOOLSON—HEERMANCE.—On Thursday evening, May 13, at the residence of the bride's father, by Rev. Dr. Worrell, I. Byron Woolson, of Cincinnati, and Estella, only daughter of Dr. Henry Heermance, of Covington, Kentucky.

DEATHS.

BECKWITH.—Suddenly, on Thursday, May 13th, of typhoid pneumonia, Dr. S. W. Beckwith.

CLARKE.—In New York, on Saturday, May 15th, Peter F. Clarke, M. D., in the 74th year of his age.

PAULDING.—On Friday evening, April 30th, at Piqua, Ohio, Dr. J. G. Paulding, aged 63 years.

ROBISON.—In Pettisville, Ohio, on the 11th inst., Perice, oldest son of Dr. S. and Lora E. Robison, aged 5 years, 1 month, and 8 days.

SWIFT.—At St. Croix, West Indies, on the 10th inst., Foster Swift, M. D.

THE

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Communications.

ON SO-CALLED TYPHOID FEVER.

BY R. G. ALLEN, M.D.,
Of Washington, Ill.

I frankly and freely acknowledge that I know but little, if anything, of the disease termed typhoid fever, such as is described by the majority of writers, both European and American, as being a specific disease. I do not think I have seen a case, in an active practice of over thirty years, that I could, without doubt, diagnose as true typhoid fever, a fever that presented prominent, well-defined symptoms, which should characterize a specific disease; when I speak of symptoms, I don't mean to be understood as expecting to find all of those that have been observed, only those that should be present, in a specific disease. And as my practice has been in different sections of the Mississippi valley, I am led to believe that this fever is of very rare occurrence, and when existing, has been produced from contagion.

I shall give the views of a few of the most prominent writers on this subject, and then let the reader draw his own conclusions as to whether typhoid fever is a common disease, endemic to the valley. My attention has been particularly called to this fever, from the fact of its being represented as a very common type with most of the practitioners all around me, it seeming very strange, that I should not meet with it in a practice of equal extent as theirs, and, I think, of equal success. To demonstrate the truth of my position, I must, of course, draw largely from careful observers, as to what constitutes the form of fever, and which gives it its specific character, and also give the history of a large number of cases treated in the valley, of fevers endemic to it.

From the written and oral declarations of many physicians, it would seem that this fever is a universal disease, confined to no country or latitude, but common to all; the evidences conflict so positively with my observations and experience, I am compelled to question them as facts. On the contrary, I am honest in saying that I believe this disease, specific in origin and propagation, is a very rare disease outside of large cities.

The most voluminous writer, and one who devoted a large amount of time in investigating this fever, is, without question, P. Ch. A. Louis, of France, which investigations, with his treatment, are given in his works of 1829-1841, and we find no writers since then who do not use, more or less, his views, to sustain and build up their own pathology. Louis, with nearly all of the principal European writers, accept as the primary cause, emanations from obstructed drains and cesspools, or from drinking water tainted with sewage, while some believe that the special poison is contained in the excreta; and I do not now remember any foreign writer that makes the cause marsh miasm or malaria. Dr. Budd maintains that the active specific poison is contained in the excreta, and produces itself in others, from direct contagion from the excreta, or by diffusion through drains and soil

to water, and thus taken by drink; or through the air, and thus taken into the system. Budd further says, relative to contagion from human excreta—"Every year, in England, more than one hundred thousand human intestines, diseased in the way already described, continue, each, for the space of a fortnight or thereabouts, to discharge upon the ground floods of liquid charged with matters on which the *specific* poison of a communicable disease has set its most *specific* mark." The hypothesis of spontaneous origin and propagation of typhoid fever assumes rather a definite form of expression, given by Dr. Murchison, that typhoid fever is often actually caused by the products of common putrefaction. Niemeyer says "That the germs which cause typhoid fever may develop and multiply as well *in* the organism of a typhoid patient, as they would, under favorable circumstances, *outside* of it;" he further says, "It is true I cannot prove the correctness of this hypothesis, but I must also deny that the recent assertions that typhoid fever spreads solely by contagion *have been proved* or *even rendered very probable* by the facts adduced."

Dr. Parkes meets the question of cause squarely, when he says, "The grand fact is clear, that the occurrence of typhoid fever points *unequivocally* to defective removal of excreta, and, that it is a disease altogether and easily preventible."

These are a few of the many opinions, as to cause, of European writers. Of American observers, Professor Austin Flint has given this subject as much or more investigation than any other American writer with which I am acquainted; and he acknowledges his inability to give a positive cause for the fever. He says, "That prutrescent substances, animal or vegetable, and excreta, exert a causative agency, is, to say the least, highly probable, but whether as giving rise to the *special* poison, or acting as auxiliary causes, cannot be considered as settled."

Bartlette, in his work "On the Fevers of the United States," says, "The only causes of typhoid fever, the influence of which has been at all *positively* and *accurately* ascertained, are these three, to wit: age, recent residence in a given place, and contagion," but he goes on to say, "The *nature* and *essence* of the actual, producing, efficient cause of typhoid fever, as of most other diseases, are entirely unknown to us."

Wood, in his "Practice of Medicine," says, "On the whole, the most rational view of the etiology of enteric fever, in the present state of our knowledge, seems to be that an inherent predisposition to this disease exists in many persons, analogous in some measure to the tuberculous, the gouty, and the rheumatic predisposition, which is liable to be called into action by various exciting causes."

"It is not improbable that the effluvia engendered by decomposing animal excretions, the contagious miasm of typhus itself, epidemic influences, and even marsh miasmata, may act as exciting causes of the disease in the predisposed;" he finally acknowledges that "nothing is known of the cause of the fever; the circumstances of its production are very diversified."

Clymer, in his treatise on fever, gives as causes age, recency of residence, climate, contagion, virtually acknowledging that he knows nothing of a positive or specific cause.

Prof. Dickson believes the cause to be always the same. "A morbid diathesis is generated within the system, under the influence, more or less pronounced, of want of ventilation, or of uncleanliness, or of contagion."

Dr. James Jackson, of Boston, "supposes the cause to be some way connected with the soil of the immediate locality, although, *not at all depending* upon any filth or decomposing substances."

I have given the opinions of only a few of the observers of this fever, both European and American, as to cause, and we are bothered to arrive at conclusions that are at all satisfactory, which would make typhoid fever an endemic disease, in the valley of the Mississippi."

We ask the question, is the fever called typhoid, as met in the practice of so many of the practitioners of medicine in the West and Southwest of the United States, a fever specific in character, arising from any specific cause or causes, presenting universally the same specific symptoms, and in all anatomical investigations presenting the same specific lesions that are claimed by a majority of writers as being almost universally present? This is the important question.

We find that nearly all European writers on this fever claim that it originates from a specific poison, conveyed through imperfect drains and cess-pools, and direct from the excreta from the patient, which produce specific effects upon the system. Admit this as true: is it reasonable to suppose that we find like causes

existing outside of large cities, that would make it an endemic fever in the valley? I think not.

Most of the American writers on this subject guard their opinions, with a good deal of circumlocution, which results in a negative opinion as to special cause, symptoms, pathology or treatment. Yet, when we trace up the reports given us from nearly all American sources, we are led to believe that this fever is contagious, spreading through families and neighborhoods with almost as much certainty as does other well known contagious diseases; the cause giving origin is, of course, conjectural. All observers claim for it a specific nature; assuming contagion as true, then we must have specific cause, producing specific disease, having specific symptoms, running a specific course, with specific lesions, similar to what we should expect in other contagious and specific diseases, as small-pox, scarlet fever, measles, each of which present universal specific characters peculiar to itself, never substituting one for the other.

Then in typhoid fever we should have some universal specific evidence, that would render it easy of diagnosis, and we would reasonably suppose that when we found this fever, it would assume an epidemic or sub-epidemic form, instead of an endemic disease occurring sporadically.

The reasons for assuming that it should be epidemic or sub-epidemic in character, are derived from reports given us from nearly all sources, but as we are treating of this fever from the American stand-point, we will take the reports given us from American sources.

Prof. Austin Flint gives us the history of this fever, which invaded the settlement of North Boston in 1843; that history clearly admits contagion as the means by which it was propagated; it assumed a sub-epidemic character, and had not precaution been used, would have been widely epidemic. Yet he says, "This disease may be undoubtedly communicated in some way from the sick to the well; under ordinary circumstances it is not diffused by contagion." What are the circumstances; why not attempt to give us a theory as plausible against contagion as he has for it; he undoubtedly hampers his theory, and leaves the reader to seek his own solution of origin and propagation.

Dr. Nathan Smith, one of the first observers of this fever in America, asserts unqualifiedly that it is contagious, and details cases which confirm his opinion.

Dr. Samuel Jackson, another able American physician, claims that it is contagious.

In Fenner's "Southern Medical Reports" Dr. Thomas Fearn gives the history of a sub-epidemic of continued or typhoid fever, that occurred near Huntsville, Alabama, in which he establishes, without doubt, the contagious character of the disease, and I think that those familiar with the medical literature of the age must admit that the preponderance of testimony will favor contagion in typhoid fever.

The actual specific cause of this fever, as it is with nearly all diseases, is merely conjectural. That it is contagious, there is no reasonable doubt. Assuming that this fever is specific in character, and capable of being propagated by contagion, it should present, almost universally, some characteristic symptoms or special phenomena by which it would be readily recognized. Then we would reasonably expect to find, as always present, some one or more of the symptoms which are conceded to be present in all cases. We don't expect to find all the symptoms enunciated as existing. We don't expect to find a perfect similarity of symptoms in the same disease in all persons, but we would expect to find one or more specific symptoms, which would, of necessity, arise from specific lesions. The prodroma of this fever, as with all abnormal conditions of the human system, possess much similarity, in fact all that we usually find in malarial forms of disease, excepting the great length of time for development, requiring generally from eight to fifteen days before the patient feels ill enough to take his bed. Professor Flint thinks the average would be five days, but we find that the most of writers give a much longer time for development. At any rate, it is universally conceded that typhoid fever, as a general thing, is slow of development. Diarrhœa, we would reasonably expect to find as a characteristic symptom, which would, of necessity, be present when we think of the characteristic intestinal lesion. Louis declares it to be an almost uniform symptom. Aitken says it is one of the most prominent symptoms. Trousseau, the eminent French physician and teacher, and whose opportunity for the study and investigation of all disease, and of typhoid fever in particular, were not excelled in any age, treats of it as being universally present when the fever is fully de-

veloped. Flint says, "Diarrhœa, or looseness of the bowels, exists, in a large majority of cases, and belongs among the diagnostic symptoms of the disease." Bartlette says, "Among the most frequent, and when taken in connection with other phenomena, among the most characteristic symptoms of typhoid fever, is diarrhœa." Clymer, in his treatise on fever, gives diarrhœa as one of the characteristic symptoms; in fact, nearly all writers agree that diarrhœa is present in nearly all cases of typhoid fever. Pain and gurgling in right iliac region is also said to be a well-marked characteristic symptom, found in no other disease, and all writers recognize it as existing. The rose-colored eruption is another symptom that should be present. Trousseau, in speaking of this eruption, uses the following emphatic language: "That cases of variolæ sine variolis, are infinitely more exceptional than cases of typhoid fever without rosy spots." Louis found it present in nearly all the cases investigated by him. Aitken, in his "Practice of Medicine," the fourth edition, on page 385, expresses in large capitals his opinion. He says, "this successive daily eruption of a few small, very slightly elevated, rose-colored spots, disappearing on pressure, each spot continuing visible for three or four days only, *is peculiar to* and *absolutely diagnostic of typhoid fever*." Bartlette says, "there is good reason to think that this eruption is almost a universal accompaniment of typhoid fever."

Clymer says, "From the fifth to the ninth day the peculiar typhoid eruption appears," and from further reading we draw the inference that he deems this eruption essential in all cases of this fever. Flint's history of this fever makes the eruption a very prominent symptom in the large majority of cases observed by him. Hence, to establish a positive diagnosis of typhoid fever, we should have a fever of slow development, diarrhœa, gurgling on pressure on right iliac region, rose-colored eruption, all of which should proceed from some specific cause, producing some specific lesion, producing specific symptoms, and running a specific course, and propagating itself by contagion. Do we meet with a fever possessing these marked characteristics, as an endemic fever in the valley? Observations of intelligent and observing physicians, with my own, emphatically say no?

But we will look at this fever from another stand-point. The specific lesions found in the ilium are said to be universally present. Trousseau, in his "Clinical Medicine," second volume, page 317, says "You will always find these intestinal lesions on examining the bodies of persons who have died of typhoid fever, whatever form it may have assumed, whatever may have been the variety or intensity of the symptoms, provided death takes place after the fifth day, the period at which these lesions begin to appear." Aitken in his "Science and Practice of Medicine," volume I, page 395, says, "This lesion in the ilium is especially recognized as the anatomical sign of enteric or typhoid fever.

Wood, in his "Practice of Medicine," volume I, page 319, says, "But there are certain anatomical changes which are especially characteristic of enteric fever, and which are so seldom wanting that they may be considered as almost essential. Such is the affection of the elliptic patches of aggregated mucous follicles in the ilium, denominated the glands of Peyer. This is quite as characteristic of the disease in question as the peculiar pustular eruption is of small-pox. It has, in fact, come to be regarded almost as a necessary post-mortem test of the existence of the disease."

Bartlette, in his "Fevers of the United States," page 76, says, "In all cases of typhoid fever there is lesion of the small intestines. This lesion is peculiar. It is found in no other disease."

Clymer, in his "Treatise on Fever," page 235, says, "The constant lesions found in persons dying of typhoid fever are in the follicles of the small intestines and mesenteric glands." Flint, speaking of the lesions in the Peyerian and solitary glands, and in the mesenteric glands, says, "The foregoing lesions are peculiar to typhoid fever. In a greater or less degree they are always present, and they occur in no other disease. They are characteristic of typhoid fever, as the eruption in small-pox is characteristic of that disease."

We have given you the opinions of a few of the leading minds, both of Europe and the United States, as to what lesions are present in typhoid fever, making it beyond question a specific disease, which must of necessity arise from some specific cause, which cause acting directly, produces the lesion said to be universally present.

(*To be Continued*).

ERGOT IN DISEASES OF THE AIR PASSAGES.

BY T. CURTIS SMITH, M. D.,
Of Middleport, Ohio.

The use of ergot in the treatment of pulmonary and throat affections is not strictly new, yet it is sufficiently so to command our attention long enough to study the rationale of the suggestion. And I may here remark that the advancement of any remedy to be used in a different manner and in different diseases from its old routine course and application, is now promptly met with the inquiry, by the profession, "can it produce the effects on the physical economy claimed for it? and if so, how, and in what manner does it produce such effects?" We should be filled with pride to know that such a spirit pervades the mind of the profession, or at least the working part of it.

It has now become a well established fact, that ergot produces a diminution of the calibre of the small blood vessels. This is clinically demonstrated by its effects in diminishing the cerebral circulation, by its influence in controlling epistaxis, hæmatemesis, hæmaturia, hemorrhage from the bowels, etc., which it accomplishes by contracting the bleeding vessels, through its influence over the vaso-motor nerves. Not less is its power made manifest in varix, varicocele; and no doubt its great power over uterine fibroids is partly due to the same influence, as well as its power to produce contraction of the uterus, as a specific effect upon that organ, for by contracting the tunics of the vessels, the vascular supply of the tumor is interfered with, and the morbid growth is rendered more or less completely a foreign body. This, however, is a digression from the subject, but serves to illustrate the physiological effects of the remedy.

From the foregoing, we would naturally infer that ergot would produce contraction of the capillaries in any part of the system, and especially if they were morbidly dilated in any part, and if such a conclusion be correct, why would it not be a valuable adjuvant in the treatment of any local disease where a dilated condition of the lesser blood vessels is present. Of course a dilated vessel is capable of carrying through it an abnormal quantity of blood; to contract its calibre must necessarily diminish the extra supply. Now, is it not well established that in acute and chronic inflammations and congestions of the air passages, the vascular supply is too great, and that the vessels are abnormally enlarged? If so, what agent will contract them and bring them to their normal calibre. Naturally, we now turn to ergot, though a decade since we would have considered it strange to see any one prescribe this agent for the relief of diseases of this class. Reasoning in this manner, I have been led to use it first for chronic bronchitis, a quite prevalent disease, and afterwards in chronic throat diseases. Now, I often prescribe it for the relief of acute inflammations of the fauces, laxynx and bronchial tubes; with what success I will now try to set forth, in illustrative cases.

Mrs. L., æt. thirty-two, of nervous temperament, and formerly of excellent health in every respect, mother of three children, youngest three years old. She is active, and attends to all the labor incident to her household. In 1872 she was attacked with broncho-pneumonia, from which she soon recovered, but contracted cold from exposure soon after getting about. From this there was produced a severe and obstinate cough, from which she but partially recovered, and every exposure to cold, and every cold term since, has renewed the cough with increased violence and obstinacy.

In December, 1874, she came again under my care, and with the following symptoms: The fauces were deeply congested and irritable, the voice was hoarse, and there was wheezing at every inspiration, and some dyspnœa. There was also a constant aching pain under the sternum, and a general feeling of uneasiness over the chest. The respirations were abnormally rapid; the pulse 96; tongue clean; bowels and catamenia regular. Percussion gave good resonance all over the chest, and the lungs expanded evenly and well, but with some pain, or rather, increased feeling of soreness or tightness of the chest. The vocal resonance was normal. Auscultation proved that air could easily be forced into every part of the lung tissue, but that during ordinary respiration there was in some portions of the lungs feeble respiration, while over the larger bronchial tubes the respiration was abnormally loud. The cough was frequent, at times persistent, and was short, quick and sharp. The amount of expectoration was small at that time, but was often quite profuse and muco-purulent. There was a general absence of the symptoms of pulmonary tuberculosis. My diagnosis was chronic bronchitis.

The laryngeal and pharyngeal complication I thought was kept up by the continuance of the cough and the irritation it necessarily produced. This patient was considerably debilitated, but could eat well, and would sleep well if not disturbed by the cough. She had tried many expectorants from myself, and many patent remedies, with nothing more than temporary and imperfect relief. She had also been kept up by tonics and good diet. Discouraged at my usual plan of managing such a case, I ordered a tonic of tinctura cinchonæ comp. and iron, to be taken three times a day. Also to have fluid extract ergot, one drachm every four hours, but not to be disturbed while sleeping. Tonics she had often taken before, so that I expected no directly curative effect from them. The ergot was continued one week, when she reported to me again. There was an evident amelioration of all her symptoms, and she felt much stronger. The cough was still considerable. I ordered the continuance of the ergot, dropping other medicines. This was continued three weeks longer, when, upon examination, there was scarcely a trace of either her throat or bronchial disease left. Thus far she has been clear of her winter cough, and is gaining in flesh and strength.

Mr. H., a laborer, æt. 56, of good habits and health, short thick build, bilious temperament, contracted pneumonia in January, 1874. The inflammation involved the entire left lung. The disease yielded to treatment, so that in three weeks he wanted to commence light labor. About that time his wife was taken sick, and during two very cold nights he nursed her, thus contracting cold, and a renewed attack of pneumonia. This time the disease was very obstinate, and graded off into a chronic type of the disease. The lower half of the left lung remained hepatized, in spite of my best efforts, during all the following spring and summer, and there was more or less hacking cough present all the time. He continued weak and pale, with respiration greatly increased and pulse seldom under one hundred. It is needless to mention all the agents used for his relief; let it suffice to say, that they included tonics, alteratives and expectorants, with various hygienic measures, inhalations, etc , with varying success. As the cold months of this winter came on the cough increased, and subacute bronchitis was fully developed. In December I placed him upon, fl. ext. ergot, ʒj, four times a day, no other treatment being used at the time, except inhalations, which had been occasionally used for some weeks, to control paroxysms of coughing. For two weeks there was little noticeable change under the ergot, but from and after that time there was rapid improvement. The cough gradually diminished, respiration less rapid, pulse diminished in frequency and became stronger, the appetite improved, and his weight was increased by several pounds in the two weeks that followed, and in February he considered himself quite restored, but there was still a lack of full and free expansion of the left lung. He is still taking the ergot and still improving.

Mrs. C., æt. 39, of weak constitution, nervo-lymphatic temperament, was attacked, January 3d, 1875, with acute bronchitis, affecting the tubes on both sides. The symptoms of this disease are too well known to need mention here. In a previous experience with this patient I learned that opiates of any kind were out of the question. I gave her a saline cathartic, and immediately began the use of ergot in full doses, every four hours. The only other agent given internally, was veratrum viride, gtt. iij, every two hours, for the first two days. This was used to prevent the febrile action and the further extension of the inflammation. The ergot was continued. In one week from the date of the attack she was able to sit up. The cough still annoyed her, but was subsiding. In two weeks she was able to resume her work, and was clear of any cough or evidence of pulmonary trouble. The use of the agent in these cases demonstrated to my mind that ergot is, in no sense, to be classed among the expectorants, for in none of these cases was the expectoration increased, but, on the other hand, if it was already free, the ergot seemed to diminish the quantity of the matter thrown off in coughing, but did not increase the distress of the patient by this action. On the contrary, as the quantity diminished, the breathing became easier and the coughing gradually diminished. We all know that lungs and bronchi that are healthy yield but little mucus for expectoration, while those that are diseased are apt to yield much expectoration. The natural return to health is usually followed by free discharges of mucus, or muco-pus, and by this process resolution gradually takes place, and the usual plan of treatment, with many practitioners, is to promote free expectoration. Ergot does not act in this way, but by contracting the dilated blood-

vessels, it diminishes the vascular supply, and causes an approximation to the normal quantity of blood-supply to the parts affected, thus causing a gradual diminution of the expectorated fluids, and a gradual return to a healthy condition.

The influence of ergot in slowing the heart should not be wholly overlooked as a factor in its favor, but its power in this direction is not very great, if my observations have been correct, and it is only in those cases where a weak heart is already present that I have observed any notably depressing action over that organ. There can be little, if any doubt, however, that ergot diminishes the number and force of the heart-beats when persistently and largely given.

Besides the above cases, others have been under treatment with this agent, who were suffering from chronic pharyngitis, and I have found that in those cases not dependent on gastric disorder, it has done well and the cases have usually improved, and some have recovered more promptly than expected.

The dose of the fluid extract should not be less than a drachm; of ergotine, three to six grains; of the powder, one drachm or more.

"Dr. Wycisk, acting on the principle that this drug contracts the vessels and so prevents exudation from them, has treated six cases of croupous pneumonia in this way, and gives the following report: In one such case, marked by an excessively albuminous expectoration, it ceased entirely two hours after the administration of the drug in powders of nine grains each every quarter of an hour. The abundant râles in both lungs soon diminished, so that there was only a slight crepitation at the original focus of the disease. These good effects lasted for two days. Two relapses occurred, however, but the same good effect was again obtained by the administration of the ergot. After the second relapse, ten drop-doses of the tincture of ergot were given four times daily, until convalescence was fully established. In the five other cases, the ergot was used early, and none ended fatally, none became chronic, and none left appreciable deposits behind them; in all of them the exudation was decidedly checked by the ergot. It is, however, held to be a dangerous remedy when the lungs are considerably infiltrated, where there is emphysema, where the cerebral arteries are weak, and where the patients are feeble or decrepid."—*All. Med. Cen. Ztg.*

Clinical evidence alone will fully establish the claims of this agent in diseases of this class. By such results it must stand or fall.

Medical Societies.

AMERICAN MEDICAL ASSOCIATION.

SURGICAL SECTION.

In the minutes, last week, we presented a brief abstract of Dr. Andrews' paper. Dr. Sayre, of New York, was glad to know that Dr. A. had taken this opportunity to contradict the current belief relative to the infectious state of large hospitals. He proves that we can correct this state without destroying the hospital. It is only necessary to force, by means of pressure, the antidote into the poisoned localities, and thus neutralize the poison. Then silicate the walls, and the place is as pure as when new.

Dr. Sayre's paper on partial paralysis and want of coördination, from genital irritation, was read by him.*

An inquiry was made as to the difference between the symptoms detailed as occurring in paralysis due to phimosis, and in infantile paralysis.

Dr. Sayre wanted such an explanation. Are not many cases due to some overlooked reflex irritation? He hoped to be able to investigate this subject more thoroughly. The curious part is the speedy recovery after removal of the source of irritation.

Dr. Murdock, of Pennsylvania, asked how Dr. Sayre could know when an elongated prepuce was likely to cause this irritation? He had seen this to exist in a very large number of children under two years of age, without any symptoms of reflex irritation. If it is a cause, we may wonder that this form of paralysis is not more common. Phimosis is often seen in the young, and even with some adhesion.

Dr. Sayre—There is an agglutination, and there is an adhesion; totally different conditions; one, physiological, the other, pathological. When the secretions are imprisoned, like any foreign body, they set up irritation and inflammation. The secretion is seen in hardened triangular masses, like putty from a window, behind the corona, and, like a chestnut burr in the rectum, causes engorgement, continual erection, and affects the system like venereal excess. He did not say that phimosis produced paralysis, but that paralysis results from this eternal priapism.

Dr. Webb, of Michigan, inquired if Dr. Sayre ever knew of a case of adhesion in which paralysis did not occur?

Dr. Sayre—No doubt there were many such cases.

Dr. Bronson, of Massachusetts—Is there not a physiological agglutination and a pathological adhesion?

*We had hoped to present with this an abstract of this paper, but our reporter has failed thus far to forward it.

Dr. Sayre—That is it. All these cases were pathological, and not physiological. In many, the tissues of the meatus urinarius had degenerated into a fibro-cartilaginous ring, very resistant to the knife.

Dr. Keller, of Kentucky—Had Dr. Sayre seen this in Hebrews?

Dr. Sayre—Never.

Dr. Leech, of Indiana—Does this condition of the penis exist in adults affected with club-feet?

Dr. Sayre could not say. He did not wish to be understood as saying that all cases of club-feet are due to phimosis.

Dr. Elsberg, of New York, and others, having made inquiries, the chairman of the section ruled that it was contrary to custom for the Association to allow material alterations in manuscript read and referred for publication.

Dr. C. B. King, of Pennsylvania, read the details of a case of "Operation for extrophy of the bladder."

W. K., æt. 13, admitted to hospital April 11, 1874, for congenital deficiencies of anterior wall of the abdomen and bladder. Posterior wall projects and forms a tumor the size of a goose egg, 2¾ inches from side to side, and 2¼ from above downward; when erect it protrudes 1¼ inch and measures around 4½ inches. No hernia. Pubes wanting 2¾ inches; penis epispadic, about the size of an almond and covered with an imperfect prepuce; testicles well developed. After preparatory treatment, he was placed under ether, and a horseshoe shaped incision was made, beginning 1½ inches to the left and above the penis. This was carried down close to the left thigh, across perineum to opposite thigh, just in front of anus, and then up to a corresponding point on right side. The flap was dissected up, laying bare the testicles. An oval incision was made in the flap, to permit the penis to pass through. Another incision, being about ¾ inch above starting point of first incision, was made through the skin of the abdomen, extending around and about ½ inch above upper edge of the bladder, to a corresponding point on the opposite side. The skin was dissected up about ¾ inch. The first flap was then turned up over the bladder, and its edges placed beneath the last flap, and secured by eight wire sutures secured by shot. The sutures were only passed through the two flaps, thus differing from the tongue and groove operation of Pancoast. The urine flowed freely over the raw surface; the opening in the lower flap, for the penis, permitted it to escape. The skin between the ends of the first and last incisions was pared, and the surfaces united by two interrupted wire sutures. In spite of my efforts to cover them the testicles remained bare. The raw surfaces were dressed with lint spread with carbolized cerate.

The knees were crossed and tied together, the thighs flexed in the abdomen by his position in bed, with a pillow under the knees, to relieve tension in the flaps. He was then given ⅛ grain of morphia, repeated at intervals.

All went well; dressings were removed, May 8th, and union found to be complete. Bladder protrudes, from gas in the abdomen. Relieved by enemas. 10th, stitches removed and bladder washed out.

June 25th. Flaps completely cicatrized. By pressing the fold of skin above the penis against it, he can retain his urine for 2½ hours.

April 25th, 1875. Doing well, walks erect; runs and jumps with ease, and by the use of a shield the urine is collected in a bottle fastened to the inside of his boot.

Dr. Andrews, Ill., asked as to the probability of hair forming on this wall, and thus causing irritation.

Dr. King replied, that the urine acts as a depilatory. This view is held by Drs. Pancoast, of Philadelphia, and J. R. Wood, of New York.

Dr. Wood, New York, was delighted with the results of this case; none had been more favorable than this. In every case where this method has been employed, the comfort of the patient far exceeds any discomfort of hair-forming, etc.

The operation is similar to that for vesico-vaginal fistula, as performed by Dr. Sims. Such operations require study, thought and labor, which young men only can give. Every such case of extrophy should be relieved, and by this method.

May 5th. Dr. L. J. Willien, Ind., presented a case of hydronephritis and renal calculi, with specimens.

W. McM., æt. 26; puddler; injured by fall from a horse, in 1864. In 1874 received a severe contusion of the back and left side. With the next discharge of urine there was a good deal of blood, which continued for some weeks. About this time he felt a tumor like a goose egg, painful on pressure, and slightly movable, in the left side. Early in 1875, he was again injured, and his sufferings increased. In February last he was greatly emaciated, vomiting bile, with eructations of gas; pulse high; breath short; painful feeling of tension of abdomen; constipated; urine scant and tinged with blood; abdomen greatly distended on left side by a tumor, which could easily be limited by palpation and percussion, semi-solid, with evident fluctuation. It was kidney-shaped, surface smooth, extending from the pubis to the sixth intercostal space, say 15 inches. Lower transverse diameter 10½ inches from left crest of ilium, to, say 3 inches of right of median line; upper transverse diameter 7½ inches from ensiform cartilage.

In consultation, it was agreed to puncture with a trocar, about 2 inches to right of crest of ilium. The cyst was gradually emptied of eight pints of chocolate-colored liquid, thin, no odor, depositing a bloody sediment. Under appropriate treatment he did well, though the sac soon filled again.

March 10th. Again tapped, evacuating three quarts of fluid, followed by a thick grumous mass. Sufferings not relieved. A third tapping was made, but the patient soon succumbed with symptoms of circumscribed peritonitis.

The autopsy confirmed the diagnosis of an enlarged kidney from the formation of a stone in the pelvis of the kidney, and one at the cystic connection of the ureter, weighing, the one, over an ounce, the other about three drachms.

Dr. Andrews, Illinois—Cystotomy from the back has been performed in such cases. Why not enlarge sufficiently to insert forceps and remove calculi?

Dr. Garcelon, Maine, thought this would be a wild goose chase, where stone was in pelvis of the kidney.

It is remarkable that the growth is so rapid in these cases of calcareous material. He exhibited specimens in illustration.

Dr. Husted, of New York, asked if a diagnosis of renal calculi was made at the time of puncture?

Dr. Willien—No sir.

Dr. Denison, of Colorado, read a paper on a "New Extension Apparatus." After some discussion on the apparatus, a vote of thanks was tendered him.

Dr. Elsberg, of New York, read a paper on "Œsophageal Auscultation."

This is done by causing the patient to swallow while the physician listens to the sounds resulting. It is easy, instructive and valuable. It was introduced by Hamburger, of Bohemia, five years ago. It requires considerable practice and much patience. It is requisite to have the ear well accustomed to the sounds in health, and it is necessary to apply the stethoscope the whole length of the œsophagus, and listen carefully at each spot.

He then described the œsophagus at some length, and gave its locality and connections.

It must be auscultated both in the neck and in the thorax. The patient should hold in his mouth a quantity of liquid. Apply the stethoscope or ear over the part to be examined, sign to him to swallow. On the side of the neck, a loud, gurgling noise, a metallic glo-glo sound is heard, due to the mingling of air and liquid. This is often so loud as to drown every other sound. Usually, in the whole of the thorax, the true œsophageal sound becomes audible. This is the sound of the rapid descent of a small, spindle-shaped body of soft consistence. Hamburger describes this as characteristic of an egg-shaped body, say an inch long and one-half an inch broad, the small end upward. Few attain to this refinement of perception. However, it is not needed. Generally, the œsophageal sound can be distinctly made out even high up; more plainly, it is true, lower down, say on the left side of the first dorsal vertebræ and below. The relative intensity of the pharyngeal over the œsophageal sound is diminished by the patient's taking a continuous draught of water.

There are four points to notice. The character of the œsophageal sound, the rapidity of descent of the bolus, the direction this takes, and its shape.

The first is most readily appreciated. We may find, at a particular point, that this sound becomes feeble, is modified, or stops, while it is distinct enough above. This may be from stricture, impacted foreign body, retention of bolus in a pouch, organic dilatation, paralysis, rupture. This has, in many cases, revealed to me, the exact spot diseased.

There may be a grating or friction, indicating roughness of the inner surface of the œsophagus, as in croup, large ulcers with ragged edges, polypi, etc.

RAPIDITY OF THE DESCENT OF BOLUS.

As the larynx ascends in swallowing, it is easy to know the precise moment this commences by placing the thumb and finger on the thyroid. The time which elapses between the rising of the thyroid and the arrival of the bolus at the point auscultated, can thus be determined. In disease the normal rapidity is diminished.

THE DIRECTION OF THE BOLUS.

Instead of passing vertically down, it may go obliquely left or right, or rise again. Obliquity may be due to aneurism of the aorta or exostosis of the vertebra. The mode of regurgitation may often enable us to diagnose a spasmodic or an organic stricture; in the first, it is instantaneous, in the others an appreciable time elapses before the bolus is forced up.

SHAPE OF THE BOLUS.

Hamburger goes so far as to describe the precise shape and size of the bolus. He describes alterations of the normal œsophageal sound, indicative of differences in shape.

Whether this refinement of perception can be acquired or not, it is certain that auscultation as thus used is a valuable addition to our diagnostic means.

THURSDAY. Dr. Sell, N. Y., read the details of a case of ovarian tapping, with cure.

Mrs. Z., aged twenty-six, five children. Tapping brought away fourteen pints of greenish viscid fluid, containing a large amount of pus. Placed her on tonics; she soon improved. The cyst refilled, and in three weeks after a tumor formed at the point of puncture, broke and discharged a large quantity of pus and the above fluid. This was repeated eight or ten times, at intervals of three weeks. The amount gradually decreased, and finally ceased. One year afterwards she was in perfect health and going out to clean houses.

He also exhibited a case shown at Detroit, and its subsequent results. Adjourned.

TENNESSEE STATE MEDICAL SOCIETY.

This society held its annual meeting at Nashville, April 14. The President, Dr. Van Diemen, in the chair.

A paper on cholera was read by the President, and one on Dipsomania, by Dr. S. M. Burnett of Knoxville. From the latter we extract as follows:—

"Statistics show that, in spite of temperance

organizations (to say nothing of crusaders) and Maine liquor laws, the vice of intemperance is as rampant in our land as ever before. We cannot, then, look to these for any help in staying its progress, but must revert to the scientific investigator, who shall study the subject in all its bearings, hunt out its causes, and mark out its natural history, just as he would that of any other form of disease.

"It has always been thus in the history of the world. When pestilence has stalked abroad, leaving death and devastation in its train, efforts were first made to stop its onward march by prayers and incantations; and later, by ill-advised legislation. It was only, however, when the subject was handed over to the scientist, who sought the *fons et origo*, and applied his remedy thereto, that any amelioration was obtained. And thus, it seems, must be the case with intemperance, which in its effects is as terrible as the 'pestilence that walked in darkness.'

"The mania for drink may rest in various degrees of intensity, just as any other mania, may be either very mild in its degree or very violent. It is also evident that it may have many influences at work in its production. The disease has too recently been made the subject of investigation for its etiology to be clearly understood. Some points, however, have been pretty definitely settled.

"Heredity has for a long time held a prominent place in the list of causes. The fact of numerous drunkards being found in the same family could not be overlooked. And heredity does undoubtedly play an important role in the causation of the disease, but not always as pure inherited dipsomania.

"The clinical history of the affection places it among the neuroses, and we find that its causes and the laws governing its development also gives it a similar place. As an inherited neurosis may display itself in one member or branch of a family in the form of an epilepsy, in another in general insanity, in another in some simple eccentricity or marked monomania, so undoubtedly in many cases dipsomania may be only a manifestation of a neurotic diathesis which has existed in his progenitors in an entirely different type. And, on the other hand, it seems highly probable, in fact, it is in strict accordance with this law of inherited neurosis, that the dipsomaniac may bequeath to his offspring some nervous disease widely different from his own, as a marked predisposition to hysteria on the part of females, or, as has been frequently observed, epilepsy or idiocy. It is as much, perhaps, to the operation of this law of inheritance, as to the general decay of the vital powers, that the oft occurrence of these forms of disease in the families of drunkards must be attributed.

"Physical disease has an important influence in the production of morbid craving for alcoholic drinks. Dr. Brown, in his testimony before the committee of Parliament, said:—'I have known dipsomania to be produced by injuries of the brain in perfectly sober men; also, I have seen it produced by sun-stroke and other causes. I saw a case of a sober man who became a dipsomaniac by taking a draught of cold water on a hot day, which caused fainting and an entire change of character.'

"I have a friend, a physician, who told me that often he was able to tell when an attack of dipsomania was imminent. He felt bilious; and frequently he had been able to forestall the attack by taking a mercurial. There are also other disturbances, especially of the nervous system, which lead to a craving for artificial stimulus in some of the forms of alcohol.

"But by far the most active agent in the production of the disease is the use of alcohol itself. The exact manner in which this is brought about is not clearly understood, but it must be through the agency of the nervous system. Let the dipsomaniac take ever so little alcohol, and immediately an irresistible craving seizes him for more. It is well known of some kinds of drinkers, that 'if they take one glass they are gone.' I know a most estimable man, a man of fine attainments and liberal culture, who tells me that he does not take a glass of beer for fear of bringing on an attack of dipsomania. Some years ago he visited an Inebriate Institution, and afterwards abstained for some six or seven years. He was troubled, however, with a very painful affection of the rectum, and for its relief he took some chloroform. As soon as he recovered from the chloroform narcosis, he felt the irrepressible desire for alcohol, which, in spite of everything, he gratified, though he was fully aware of the disastrous consequences that would inevitably follow.

"It would thus appear that it is not the peculiar and special action of alcohol on the nervous system that arouses the desire, but some changes in the nutrition of the nerve centres, which agents other than alcohol can bring about.

"If we have arrived at the correct pathology of the affection, its treatment need not detain us long. When we come to recognize dipsomania as a disease, and not a vice, we are on the high road to the accomplishment of good, in its rational treatment.

"Obviously the first thing to do is to remove the causes, and as these may be various, each case should be made a subject of special and close study. Of course the question of inebriate asylums comes in here with pertinency. The advantages of these are admirably summed up by Dr. D. T. Crothers, of Albany, New York, in an article in The *American Practitioner*, November, 1874, as follows:—

"'They will enable the patient to isolate himself from all excitement, and allow complete rest of the nervous system. They remove all care and responsibility from the patient's mind, except that of recovering his lost health, and make him a party with the physician to bring about this result. This of itself is a powerful factor in the treatment. Hospitals and asylums give the medical man complete control over the habits and surroundings of the patient, and

offer facilities for superior hygienic and medical treatment.'"

OTHER PAPERS.

Dr. Lipscomb read a paper on the use of the forceps in childbirth.

Dr. T. L. Madden, one on the subject of Tuberculosis, and Dr. Saudek on medical electricity.

On motion of Dr. Abernathy. Dr. R. D. Winsett was appointed to read, at the next meeting of the Society, a paper on the subject of doctors and druggists and their relations to each other.

Dr. Burger, of Jordan's Valley, Rutherford county, presented the following remarkable statement:—

"By request I hereby submit the following report of the symptoms and treatment of the case of Miss Thankful Taylor, while under my charge, and also the previous condition of the case, as near as could be ascertained, before she was placed under my care:—

"On Friday evening, the 23d of January, 1874, I was sent for to see Miss Thankful Taylor. On my arrival I saw that she was very strangely affected; laboring under an inexplicable kind of convulsion, with the derma having longitudinal fissures, from one-fourth to two and a half inches in length, on various portions of the person, and from the fissures there exuded a bloody serum, and also there protruded from her mouth *a foreign living substance*, of a dark appearance, which remained in her mouth for several minutes, but she would not permit me at the time to extract it, for the reason that she was afraid that it would kill her; it then receded from the mouth down the œsophagus into the stomach. I remained some time with my patient, noting every manifestation, and after its disappearance she seemed to be much relieved and there was a cessation of the convulsions.

"I was called again on the following evening, and found the patient laboring under the same symptoms. On the 3d of June I met Dr. B. N. White in consultation. He having formerly had charge of the case, gave it as his opinion that she was afflicted with tapeworm, and had treated the case for twelve months without relief. I was of the opinion that the patient was afflicted with a species of reptile, the symptoms not all corresponding with the ordinary tapeworm symptoms.

"The girl continued robust in a remarkable degree, and the reptile, instead of being ravenous, was fickle, at times scarcely taking any food, while at others she had a good appetite. Very often she would vomit a fetid, slimy matter, have sour eructations, constipated bowels, swelling and tenderness of the epigastrium, and a very remarkable feature of the case was the motion or movement of the stomach, that was clearly perceptible to any person across an ordinary room, and this train of symptoms attended the patient from the time I took charge of the case until the extraction of the reptile.

"However, about five weeks before the patient was relieved, I extracted a membranous substance, about four inches in length and about one inch in width, of the thickness of paper to that of one eighth of an inch. It was diffused with a bloody serum, and, after being placed in three different preparations, and the bloody serum extracted, the solid portion remains, which I submit to the Society for investigation.

"As to treatment, I am free to confess that I was at a loss to know the precise mode of treatment to adopt, as our authors have no clearly defined positions for treatment of such cases, but I used the most powerful anthelmintic combination that could be brought to bear in the case. Emetics were used also, and I had the patient to abstain from food for two or three days at a time, thereby trying to induce the reptile to come up into the mouth of the patient, so that I might get hold of it to extract it.

"The anthelmintic remedies had a more appreciable effect than the other modes of treatment. When first administered, it would cause the reptile to violently contract, writhe and twist in her stomach, and a continuance of the medicine would cause it to pass from the stomach to the intestines, where it would remain until a discontinuance of the remedy, when it would return to the stomach.

"On the evening of the 26th of June, 1874, the case reached its terminus by the extraction of a snake, twenty-three inches long, and three-fourths of an inch in diameter, of light and dark brown stripes on back and sides, with white abdomen, being covered with a slimy, mucous coating, and presenting a cold, clammy sensation to the touch. It lived for several minutes after its extraction. Its death might have been produced by two causes, in my opinion. First, being exposed to the atmosphere, an element to which it had hitherto been unaccustomed, at least for several years, and, secondly, from the violence of the patient in gripping it with her teeth on its appearance in her mouth, and from the grasp of the mother of the patient in holding it for my arrival, as I had previously instructed them when it came up again to hold to it until they could get me there. It appeared from the position in which I found the snake on my arrival, that it came up head foremost into the mouth of the patient and was trying to return to the stomach with its head downward, and in that position formed a loop, by which the patient's mother held, and I immediately took hold of it, and, with but little effort drew it out, and, in my opinion, so far as I was able to judge, it must not have been less than six or eight inches down the œsophagus, if it did not reach the stomach, and I am inclined to the latter opinion. The patient, immediately after the extraction of the snake, commenced an involuntary vomiting, which continued very profusely for several minutes, after which she expressed herself as being greatly relieved, and, to use her own language, "I feel like a great load has been taken from

my stomach;" since which time, notwithstanding her former prostration, she has been attending to all ordinary domestic affairs, without a previous symptom or a single sign of a recurrence of that once strange malady, and it is now over nine months since the extraction of the snake. The previous history of the case, as given by others, seems to be, that something like five years ago she was taken with violent vomiting spells, which were immediately followed by severe convulsions, supposed at first to be of an epileptic character, and was treated as such, but without relief. There was a continuance of the convulsions, vomiting spells, and irregular appetite, without emaciation, up to February, 1873, when she was violently attacked, and a neighboring physician sent for, who applied remedies for her relief. According to his own statements in a published card the 8th day of January, 1874, 'The convulsions lasted for several days, when she seemed to be relieved to some extent. In August last she was attacked again, and the neighboring physician again sent for, who found her in convulsions, with the skin on her forehead, arms, legs, and over the region of the stomach, split in several places, from a fourth to two inches in length. That night the tapeworm or so-called reptile made its appearance, when the physician in attendance attempted to extract it by thrusting a pointed instrument through it, when the patient jerked his hand and instrument away; she closed her mouth and the tapeworm receded into her stomach. It came up for four consecutive nights, about seven or eight o'clock each time. The convulsions ceased and she was affected no more until the 21st of January last, when she was again attacked with convulsions, and the tapeworm again made its appearance. The neighboring physician was again sent for. On his arrival he found it in her mouth, lying on her tongue within half an inch of her teeth. The family told him that it had been out between her lips before his arrival. She permitted the physician to examine it, but would not permit him to remove it, for the reason that when it was touched it gave her great pain, from writhing and twisting in her stomach. She has all the symptoms of tapeworm, emaciation, ravenous appetite when able to eat, bleeding at the eyes and ears, and the worm having a pointed extremity, gourd seed-like in its appearance, as it comes up her throat. When it gets into her mouth it expands itself, and is half an inch across, being of a flattened shape and of a dark brown color.'

"The Rev. Whit Ransom, a neighbor, being sent for to see the patient, stated to me that he had seen a black living substance come up the throat into the mouth of the young lady, and extend even beyond the teeth, sufficiently far that he was able to take hold of it with his hand, as often as five or six times, and that it would remain in her mouth twenty minutes or longer, which enabled him to examine it very minutely, and from its color, shape, size and movements he was convinced that it was a snake, it having a cold, damp feeling. There is much more evidence that might be adduced from other physicians and reliable citizens, who have seen the strangely afflicted girl before and since her recovery, but I desist, thinking it unnecessary to burden the report with further testimony. I will state, however, that I have the affidavits of the parents of the patient, and the statement of a great many reliable persons who have seen her during and after her affliction, that I will submit to the Society, if necessary or desired. All of which I respectfully submit."

Dr. Paul F. Eve moved that a committee of three, consisting of Dr. James B. Murfree, of Rutherford county, and two others whom he may select, be appointed to investigate all the facts connected with this snake story, with instructions to report at the next meeting of the society. He explained that he did this in order to avoid a discussion of the subject, and as Dr. Murfree was probably acquainted with the parties, he could easily secure all the facts.

Dr. Nichol suggested the appointment of a naturalist as a member of the committee, and mentioned the name of Prof. Safford, whereupon that gentleman was appointed by the chair.

Editorial Department.

Periscope.

Prostatorrhœa cured by the Continuous Galvanic Current.

The following case is given by Dr. Clark, in the *British Medical Journal*:—

R. S., aged 45, had suffered severe dragging pain in the perineum and around the back and groins, coming on after micturition or defecation, and lasting several hours, although he was seldom free from a sense of discomfort; there was also a mucous discharge from the urethra during the act of defecation and at the end of micturition, with a feeling of burning pain along the urethra, and this would continue for several hours. He had been under treatment for two years before seeing me. I examined the urethra; No. 10 catheter passed easily without pain, except over the prostatic portion.

The finger in the rectum demonstrated a flattened, elongated prostate. He was greatly depressed from the continual suffering. I tried a variety of treatment; suppositories of opium and belladonna; the bromides, with bark, etc., but to no purpose. There were several consultations held (one gentleman saying he believed it was malignant disease of the prostate). After some months of suffering and no benefit from remedies, I determined to try the continuous current. Applying the negative pole in the rectum, and the positive, a moistened sponge, to the perineum, I continued it five or ten minutes. This was repeated a dozen times, and the patient's trouble entirely disappeared. This was at the end of 1873, and he has since continued in perfect health.

Rupture of the Perineum, and Immediate Operation.

The following case, with remarks, is contributed to the *American Practitioner*, by Dr. T. Parvin:

Mrs. K., a healthy woman, about thirty-five years of age, was in labor with her fourth child, when, as happened in her previous labors, there was delay in the second stage of labor. As in two of those labors I had delivered with forceps, I applied them in this; but finding when the head was brought down upon the perineum, that there was no yielding of that structure, I removed the instrument, determined to wait upon nature, very much against the patient's remonstrances, who was earnest for an immediate delivery. In two hours more the head was born, but the perineum and recto-vaginal wall, for two inches and a half, tore like a piece of wet blotting-paper. The accident occurred about 2 A. M., and I waited until the morning light was sufficient to see to operate. The operation was simply drawing the recto-vaginal rent together by two silver sutures, and the same number for the perineal. The after-treatment consisted in fastening the patient's limbs together by a bandage about the knees, requiring her to lie upon one or the other side, catheterizing the bladder morning and evening, and by opium preventing evacuations of the bowels. At the expiration of eight days, after having had the bowels moved by castor-oil and a warm-water injection, I removed the sutures, and to my most agreeable surprise, found the restoration perfect.

Remarks.—Rupture of the perineum is, to the practitioner, one of the most mortifying accidents of parturition, and to the patient, if the rupture extend through the anal sphincter, it is both a serious annoyance and disability. The question of an immediate or of a secondary operation is one which at once suggests itself to the practitioner. The weight of authority is very decidedly in favor of the former. Dr. Thomas remarks,* "I have in a number of instances resorted to immediate operation, and the result of my experience leads me to always adopt it, unless the sphincter ani and the recto-vaginal wall be implicated in the laceration to such an extent as to make the operation a serious and a lengthy one, or to insure the passage of lochial discharge between the lips of the wound." And Dr. Barnes remarks,* "When laceration of the perineum is detected at the time of its occurrence it is best to stitch it up at once."

We confess we cannot see the force of the exception to operating which Dr. Thomas makes, for it would seem to be just those cases where the sphincter ani and recto-vaginal wall are implicated that most imperatively demand an immediate operation; a less lesion may heal spontaneously, or may be no permanent or ultimate inconvenience; and it may be doubted as to the introduction of two or three more sutures materially rendering the operation more "serious and lengthy," while the insinuation of lochial fluid between the lips of the wound is not any more likely to occur at one point than another of its line of transit. The patient should be kept upon her side after being operated on, and thus this accident will be measurably prevented. The condition of the tissues involved and the patient's state are elements to be considered in deciding for or against immediate restoration of the perineum.

* Diseases of Women 4th ed. p. 130.

On Puerperal Fever.

Dr. Robert E. Huntley says, in the *British Medical Journal*:—

It is of vital import that the obstetrician should recognize at the very earliest stage the true character of the malady; and the points to which, in my opinion, attention ought to be directed, are the various causes from which puerperal fevers originate. These may conveniently be divided into three classes.

1. Those originating in the patient herself, as general ill health, giving rise to inflammation of the uterine and peritoneal structures, or such as spring from intra-uterine causes, putrescence of the infant or of the other contents of the uterus.

2. Such as spring from atmospheric influences, and give rise, under ordinary circumstances, to fevers, as scarlatina, typhoid, and typhus

3. That lamentable and malignant form mysteriously communicated by the accoucher.

Cases of the first class are frequently easily diagnosed, though cases will arise from this cause which may baffle the most expert. As regards the second class, a good, and perhaps the only reliable guide, is the prevalence in the district of fevers of an epidemic nature. I am of opinion, however, that the epidemic or typhoid form of puerperal fever does not always coexist with the prevalence of typhus or typhoid, but that there is some meteorological condition conducive, essential to its production. In all these cases, though the *materies morbi* may not be identical, yet blood-poisoning is the result,

* Clinical History of the Diseases of Women.

and the symptoms are only modified by the constitutional peculiarities and condition of life of the patient.

It has occurred to my mind that, assuming this theory of the production of puerperal pyæmia by the obstetrician, as asserted by me, to be true, it would be matter for serious thought, whether, in the event of a second outbreak in the practice of one man, he should not entirely relinquish obstetric practice, the second event arousing suspicion that there might be some special disposition existing conducive to the production of this fatal disease. I should so act myself.

As most important in preventing the spread of the disease, it is evident that some efficient and organized system of espionage is imperative.

I have become aware, in my short experience, that many deaths have occurred through want of knowledge and due appreciation of the gravity of the consequences likely to follow from persistence in midwifery practice, in the vain hope, from day to day, that the disease will disappear. Ignorant midwives, and young practitioners who may not have been taught to recognize the peculiar features of this special form of disease, are very prone to fall into this error.

Digitalis in Typhoid Fever.

The action of digitalis on the course of typhoid fever has been studied by Dr. Bernheim, of Nancy. We give some of his conclusions as stated in the *British Medical Journal*.

1. Digitalis, when administered in typhoid fever, always produces lowering of the temperature; either complete defervescence or remission. 2. The first effect of digitalis on the temperature shows itself two days after administration; the lowest temperature is obtained on the following day, sometimes only on the fourth day after its administration. 3. The lowering is generally progressive; sometimes it terminates by a more rapid fall. In some cases there is a very rapid fall in the interval between two thermometric observations, from the evening to the morning, or from the morning to the evening. 4. During the action of the digitalis, the temperature may rise again in the evening; often it is equal, or inferior to that of the morning. Defervescence, or the greatest remission, may occur in the evening. 5. This defervescence, or greatest remission, lasts from a few hours to three days; the temperature then rises. In about two-thirds of the cases it no longer rises to the same height as before the administration of the digitalis. 6. The action of digitalis on the thermometric evolution of typhoid fever may be thus expressed; the temperature is lowered. Taking into account the descent, the minimum, and the reascent, it may be said that the duration of the influence on the temperature varies from three to twelve days, the average being seven days. In two-thirds of the cases the thermometer never reaches the original point. 7. The pulse generally falls gradually with the temperature; the temperature rarely falls before the pulse, or the pulse before the temperature. 8. It is very rarely that either the pulse or the temperature is alone influenced. 9. The pulse and the temperature fall together, but not in a parallel manner. Sometimes the pulse is lowered at night whilst the temperature still undergoes the evening exacerbation. 10. After the reascent of the temperature, the pulse generally remains low; it may even slacken still more, and attain its minimum several days later, even remaining slow during three weeks. 11. The lowering of the pulse varies from thirty to sixty pulsations. In the greater number of cases it falls below the normal.

On Inhibition.

In the West Riding Lunatic Asylum Reports, Dr. Brunton suggests that inhibition in the higher centres may be explained by diversion of stimuli, without assuming the existence in them of an inhibitory apparatus, such as we have in the lower ones. A stimulus may excite action in a nerve-centre, which may pass off partly in motion, partly in secretion, partly in vascular change, and partly in alteration of the nervous system. And the oftener it passes along any nervous path, the more readily does it find its way along that in preference to any other. Hence we see the importance of diverting the insane, who suffer from emotional disturbance, by exercise and muscular action, which will benefit not only the mental but also the visceral condition. The emotional centres, too, are inhibited by the ideational, and the conflict between these is witnessed in lunatics who request to be restrained and prevented from suicide or homicide, and in those who are powerless to abstain from alcohol, which they know to be their ruin.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——We have received:—

Description of White Cliff Springs, Tenn.

Annual Report of the State Lunatic Asylum, Utica, N. Y.

Address before the Society of the Alumni of the Medical Department of the University of Pa., by Cornelius G. Comegys, M.D.

Eleventh Annual Report of the Alumni Association of the Philadelphia College of Pharmacy.

Prospectus of the Eighth Annual Session of the Medical Department of the Howard University, Washington, D. C.

——The Boston *Medical and Surgical Journal*, for May 20th, contains a narrow and bigoted attack on Dr. Wilder's late work on the Reproductive Function. In its intolerance and personal invective we believe we recognize the pen of a teacher in the Medical Department of Harvard, already notorious for his bitter opposition to giving any medical information to the public. When will such obstructives learn what time of day it is?

——The Case Record Company, of Cincinnati, have published a "Medical Chart of Pulse, Respiration, and Regions," which seems to have been very carefully devised. It is on a single page, about the size of legal cap. The upper portion of the space is ruled in two colors, to give space for entering the pulse, respiration and temperature, the numbers being marked on the margin. Below the rules are four outline figures, showing the four sides of the trunk divided into twenty regions. The price of these charts is five cents each, fifty cents per dozen, and three dollars per hundred.

BOOK NOTICES.

Annual Report of the Supervising Surgeon of the Marine Hospital Service of the United States, for the fiscal year 1874. John M. Woodworth, M, D., Washington, 1874. pp. 256.

The very material improvement—the re-creation, in fact—of the United States Marine Hospital Service of the United States, is mainly owing to the exertions of the present supervising Surgeon, Dr. Woodworth. His success is attracting the attention of maritime nations abroad, and within the last year several foreign governments have applied for the details of the system, with the view of imitating them, and thus protecting their own seafaring men.

In a notice of the previous annual report, the plan on which this service is supported and conducted was laid before the readers of this journal. The present report is still richer in contributions to sanitary science than the previous one. After the introductory remarks we are presented about twenty-five pages of statistical matter, financial and economic, medical and surgical. Following these we have four diagrams showing the relative prevalence of Ague and Remittent Fever, Rheumatism, and Syphilis, in each district; showing the relative prevalence of Phthisis Pulmonalis and Diseases of the Respiratory System, Diseases of the Digestive System, and Injuries, in each district; showing the relative prevalence of Ague and Remittent Fever, Rheumatism, and Syphilis, each month; and the fourth showing the relative prevalence of Phthisis Pulmonalis and Diseases of the Respiratory System, Diseases of the Digestive System, and Injuries, each month.

In the appendix which follows are added a number of reports on special topics by individual members of the service. They include Comments on the Medical and Surgical Statistics, by the Supervising Surgeon; Note on the Contributed Papers, by the Supervising Surgeon; The Hygiene of the Forecastle, by Heber Smith, M.D.; American Commerce and the Service, by Frank W. Reilly, M. D.; Unseaworthy Sailors, by C. Henry King, M.D.; Sailors and their Diseases in Chelsea Hospital, by A. B. Bancroft, M. D.; The Service on Cape Cod, by Peter Pineo, M.D.; The Freedman and the Service on the Ohio, by P. H. Bailhache, M. D.; Diseases of River-men, their Causes and Prevention, by Horace Wardner, M.D.; Preventable Disease on the Great Lakes, by James M. Allen, M.D.; Syphilis: The Scourge of the Sailor and the Public Health, by Fred. R. Sturgis, M.D.; Yellow Fever at Pensacola in 1874, by James S. Herron, M. D.; The Yellow Fever Epidemic of 1873, by Frank W. Reilly, M.D.

This description of the volume will give an idea of its thoroughly practical character, and an insight into the value of the service to the sea and river-faring classes.

The Mammoth Cave, Kentucky. By W. Stump Forwood, M. D. Fourth edition. Philadelphia, J. B. Lippincott & Co., 1875. pp. 241.

This is much the most complete guide to the wonderful natural curiosity of which it treats, that has ever been published. It gives, from authentic sources, the history of its discovery, and an accurate description of the various animals which make their home in its gloomy recesses. A careful map, and a number of illustrations, add to the interest, and no one who visits the cave should fail to possess himself of a copy of the volume, both as mentor and memento.

THE

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A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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THE SUMMER MORTALITY OF INFANTS.

With the approach of hot weather we may expect to see the infant mortality of our cities rapidly increase. In spite of the large diminution of population during the heated months, owing to the general hegira which then takes place to sea-side resorts and country places, a diminution estimated at nearly one-seventh of the total population, nevertheless the infant mortality in July exceeds that of any other month.

Last year, in this city, the deaths of infants under one year, in the last three weeks of July, were 156, 217 and 246. In no other week in the year did they reach 200, and in no week in winter did they reach 100. With this fact before us, it is extremely appropriate to urge at this time the removal of the various preventable causes which bring about this heavy mortality.

These causes are well known. They include dirty streets, the sale of spoiled vegetables and meats, of watered and inferior milk, the neglect of individual cleanliness, and the use of nostrums containing opium. All of these are removable, and that man neglects his plain duty as a citizen, a physician and a Christian, who neglects to use his best endeavors to diminish them.

When all is done in this direction that can be done, there still remains some steps which should be taken. The removal of large numbers of poor families to temporary suburban resorts has been ably advocated by Dr. Toner and other philanthropists, and these suggestions should not be forgotten. The wealthy and humane in our midst should act upon them, and soon. The amount of benefit which could be derived from the adoption of such plans on a large scale would be most conspicuous, and we can answer that the medical profession will furnish to such an undertaking its best advice and service without money and without price.

Where this is insufficient individuals can do much by arranging temporary country homes for children. As the *Tribune* well puts it, in a recent issue,

"There are farm houses which could be hired for a small sum (we have such in our mind's eye now), furnished with cheap portable beds, tables, and kitchen furniture, and a matron provided, all at the expense of a few hundred dollars. Sea and mountain air would do the rest. There is no need of the usual cumbrous machinery and red-tape organization of a hospital. Two or three good women to give the money, one honest, sensible one to spend it, and the thing is done. Let the children be sent, each with its mother, for a fortnight or three weeks, and the child's life will be saved, and the mother taught to believe that there is some practical meaning and help in Christianity."

These are timely words, and they should meet with an early response. They place the undertaking within the scope and reach of persons of very moderate resources, and afford a field for practical benevolence right at our doors, and not less urgent than the grasshopper districts of Kansas or the heathen climes of "India's coral strands."

Notes and Comments.

Ammonia in Snake Poisoning.

A commission in India appointed to report on Prof. Halford's method of treating snake bites by intravenous injections of ammonia, publishes the following conclusions:—

"Seeing that an effective poisoning after the bite of an Australian snake is rather the exception than the rule, it would be easy to understand how any antidote or remedy might gain temporary notoriety. To sum up—1. The result of our experiments on dogs goes to show that the intravenous injection of ammonia possesses no antidotal or remedial power. 2. That the intravenous injection of ammonia, probably by promoting the absorption of the poison, rather expedites than retards the tendency to death. 3. That the Indian cobra is from six to thirteen times more poisonous than the snakes of Australia. 4. That a given quantity of the cobra poison is more powerful and more rapidly mortal than the same quantity of Australian snake poison. 5. That a large proportion of the bites of the two kinds of Australian snakes with which we experimented were, under the usual conditions, ineffective. 6. That the facts alluded to in 3, 4, and 5 are sufficient to account for the unmerited recognition of the intravenous use of ammonia as an antidote or a mode of treatment in poisoning from Australian snakes."

Professor Halford is preparing a digest of his experiments on animals with the intravenous injection of ammonia, and also a classified list of the cases in which ammonia has been injected for the cure of snake-bite.

Cells in Ovarian Fluid.

It is stated in the English journals that Mr. Thornton has recently discovered that the fluid in some single ovarian cysts contains little groups of cells, which he believes are only formed from the lining membrane of the Graafian follicle; and the presence of these cells, with the higher specific gravity and the amount of albumen or paralbumen in the fluid, are sufficient to enable a surgeon to say after tapping a single cyst whether it is likely to be radically cured by tapping only, or whether it is almost certain to refill and require ovariotomy. Is this "discovery" anything more than what Dr. Drysdale, of this city, has already given to the world?

Arsenic in Malignant Disease.

Dr. Tholen, in the *Archiv für Chirurgie*, reports four cases of lympho-sarcoma treated by arsenic, in the practice of Professor Czerny, in one of which the administration was obliged to be relinquished in consequence of serious accidents to the sight and hearing which supervened. In another case, an enormous ganglionic tumor ceded rapidly to the administration of Fowler's solution; but a serious hæmophilic condition developed itself, which rendered it necessary to suspend the treatment. At the same time, the spleen showed an increase in size, which soon made rapid progress. In the two other cases, Fowler's solution, employed internally as well as in interstitial injections, induced a cure. One especially, was, at first, thought to be an epithelial infiltrated cancer. The author gives expression to some doubts on the exactness of this diagnosis, and is inclined to consider it a malignant lympho-sarcoma. He compares these four cases with two others already made public by Billroth, and sees in them a confirmation of the opinions which were formerly held, respecting the efficacy of arsenic for cancer. As to the method of administration, he recommends the greatest reserve in the employment of Fowler's solution in interstitial injections, and proposes to reserve the latter for instances of true cancer. The lympho-sarcomata would be sufficiently modified by the internal administration of arsenic. The interstitial injections, possessing much greater local activity, are not devoid of danger, as two of the cases sufficiently prove.

Treatment of Scrofulosis.

In one of his clinical lectures Dr. Hueter, of Munich, urges, in the management of scrofulosis, the importance of a well known anti-scrofulous treatment, and suitable attention to local inflammations. Moderate enlargements of the lymphatic glands will often yield to general treatment; but when as large as a pigeon's egg or hen's egg, and obstinate, he protests against the delay, and urges extirpation by the knife. The glands most likely to require this are the sub maxillary group, those on the anterior and posterior borders of the sterno-cleido-mastoid, and those under the chin. The operation is free from danger in the hands of a good surgeon; and he believes it most urgently demanded as soon as suppuration occurs in the glands, the seat of cheesy infiltration, and that

the least a timid practitioner should do would be to open the abscess freely, so as to allow the broken-down cheesy matter to escape. He urges the same principles in scrofula of the testes and epididymis, and also in the bones and joints of the extremities. In the latter he advises resection of the joints, and opening and removal of foci of bone disease.

Correspondence.

The "Lost Art."

Ed. Med. and Surg. Reporter:—

The notes of the case below described may be of interest, as bearing upon the subject of the "Lost Art."

Location, Fort Union, New Mexico; time, summer of 1863. By request, I accompanied Mr. A. on his return to his home, distant sixteen miles, to see his wife. He informed me that on the previous day, about 4 o'clock P.M., his wife was heard to scream, as though much alarmed; and, upon going to her, she was found lying before the partially open door of a vacant room, in a fainting fit; upon being raised, and placed in bed, convulsions set in, and had continued, at short intervals, up to the time he had come for me, over twelve hours. She had not been conscious, apparently, of the presence of any one, though requiring several persons to restrain her during a convulsion. Had taken no food nor drink. At two o'clock, P.M., I reached the bedside, and beheld a remarkable scene. Mrs. A. was nineteen years of age, medium height, very muscular, and well developed. Clinging to each arm was a man, and to each leg a woman. First, Mrs. A. would violently draw up both legs, with the women holding on to them, vainly trying to control their movements; next, she would toss her arms in various directions, with the men likewise vainly attempting to prevent her doing so. All four were barely able to prevent her from throwing herself out of bed. Torn sheets and underclothing were scattered about, but Mrs. A. was without a shred to cover her. Her countenance was excessively flushed; eyes and teeth firmly set, the former much injected.

Whilst still in this state, I began administering chloroform, and in less than two minutes the muscles were relaxed, the convulsive movement ceased, and a sheet was thrown over her. I continued the chloroform for half an hour, and then very gradually discontinued it. As the influence of the anæsthetic subsided, so did all the previous symptoms manifest themselves, until all four, and I may say, including her husband and myself, six, persons were not able to restrain her, the rest having apparently added new force to her muscles. I now determined to draw blood from the arm, and, a bandage having been applied for a few moments, I opened the median basilic vein; the blood flowed freely, and I soon had a large china wash basin three-quarters full. I allowed the blood to flow until there was complete muscular relaxation and sighing respiration, then I sealed up the vein. Improvement in her appearance and countenance was manifest. She slept. It was now 3.45 P. M. About 8 o'clock she awoke, drank some tea, appeared drowsy and confused, and I forbade any attempt to disturb her or ask questions. She again slept for several hours and awoke thirsty; also urinated very freely, asking no questions and getting in and out of bed unaided. I observed her, whilst sleeping, twice during the night. No symptoms of any trouble at 8 A. M., she having eaten some gruel, and again being asleep, I left for the post. In a few days Mr. A. called and said that his wife was as well as usual. She said that she remembered opening the door of the vacant room, and as she did so, she became aware of two fiery eyes glaring at her from the walls opposite the door, the room having no window and being very dark. Then the pair of eyes rose higher on the walls; she heard a frightful, growling, hissing sound, the eyes appeared to spring directly towards her, and she remembered no more until she asked for a drink in the night. It appeared that Mrs. A. had been married and came to reside in her husband's house a few weeks before, and her nervous system was probably in an impressible condition. A large cat was in the room, crouched on the top of a bureau, opposite the door. The light from the opened door was reflected from the eyes of the cat, which, alarmed by the presence of a stranger, spitted, growled, and then sprang for the open door, its only place of egress or escape. I have been in practice sixteen years, but that was the first, and it has been the only time I have thought venesection indicated in any case under my charge.

J. C. C. Downing, M.D.

Dobbs' Ferry, N. Y., May 20th, 1875.

News and Miscellany.

Pennsylvania State Medical Association.

This Association meets next Wednesday, June 9th, at Pottsville.

The Reporter will be represented by Mr. George Kiel.

Northern Medical Association of Philadelphia.

A stated meeting will be held at the hall of the Northern Dispensary, 608 Fairmount avenue, on Friday evening, June 11th, 1875, at 8 o'clock. Subject for discussion, "Meningitis." To be introduced by Dr. L. B. Hall. Medical profession cordially invited.

Charles Carter, *Secretary.*

—An interesting description of a visit to the Mammoth cave is communicated to the *Washington Chronicle*, May 23d, by Dr. J. M. Toner.

American Social Science Association.

The meeting of this Association was held this year in Detroit. Some matters of medical interest are reported by a correspondent of the Boston *Medical and Surgical Journal*:—

The sessions of the health section opened with two long and elaborate papers: "The Nervous System as injuriously affected by Schools," by Dr. Lincoln, and "Gymnastics for Schools," by Dr. James J. Putnam, of Boston. In the afternoon, Dr. Webster, of New York, assistant to Dr. C. R. Agnew, read a short paper containing the statistical results of examinations of the eyes of school children, now making, under the direction of Dr. Agnew, in various large cities.

These will, when completed, constitute one of the most important set of observations ever made by the Social Science Association. The following is a condensation of the paper:—

European observers have demonstrated the fact that during school life there are developed in the eyes of scholars diseases which increase in frequency and gravity from the primary to the university grades. The present is a statement of the result of preliminary examinations made in New York, Brooklyn, and Cincinnati, on the same subject. In these cities the eyes of 2884 scholars of both sexes, ranging in age from six to twenty-six years, were examined, and the conditions as to the refraction and diseases noted and tabulated. In the same connection the state of the school-rooms as to light, desks, heating, and ventilation was observed, as also the length and distribution of study hours, and other facts affecting health.

In Cincinnati, Ohio, the eyes of 1264 scholars were examined by Dr. Ayres and Dr. D. Booth Williams. About one-third of these belonged to the district schools, one-third to the intermediate, and the remaining third to the normal and high schools. In the district schools 13.3 per cent. were near-sighted (11.3 per cent. of the boys and 15.3 per cent. of the girls). In the intermediate schools 13.8 per cent. were near-sighted (9.5 per cent. of the boys and 18.1 per cent. of the girls). In the normal and high schools 22.8 per cent. were near-sighted (22.2 per cent. of the boys and 23.2 per cent of the girls).

Dr. J. S. Prout and Dr. Arthur Mathewson examined the eyes of 600 students at the Polytechnic, Brooklyn, N. Y., all boys, 284 belonging to the academic, and 316 to the collegiate department. In the academic department 9.2 per cent. were near-sighted, and in the collegiate department 21.8 per cent. were near-sighted. Dr. William Cheatham examined the eyes of 1020 students in the New York College, New York, all boys, 670 belonging to the introductory class, 210 to the Freshmen, 110 to the Sophomores, and 30 to the Juniors. In the introductory class, which is made up entirely of students who have passed the public schools, 21.9 per cent. were near-sighted; of the eyes of Freshmen, 26.2 per cent. were near-sighted; of the Sophomores, 22.7 per cent. were near-sighted; of the Juniors examined 50 per cent. were near-sighted. The number of Juniors examined was too small, however, to be of any scientific value.

The tables show that staphyloma posticum, one of the gravest organic changes in progressive near-sightedness, increased from 0.5 per cent. in the district schools to 7.6 per cent. in the intermediate, and 10.4 per cent. in the normal and high schools.

In one of the large schools, in which a careful ophthalmoscopic examination was made of every scholar, out of about 1000 scholars the eyes of 703 were found to deviate otherwise than in refraction, from the normal standard. The conditions referred to were as follows:—

Staphyloma posticum	217
"Physiological" excavation	119
" " with venous pulsation	176
Venous pulsation	140
Arterial and venous pulsation	1
Opaque nerve fibres	
Atrophy of optic nerve	3
Neuro-retinitis	1
Retinitis albuminurica	2
Floating bodies in vitreous	1
Iridæremia with cataract and nystagmus	2
Detachment of retina	1
Opacity of anterior capsule	1
Polar cataract	12
Traumatic cataract	1
Opacity of cornea	11
" " with synechia anterior	1
Foreign body on cornea	3
Nystagmus	2
Convergent squint	4
Granular lids and pannus	1
	703

A long discussion followed this paper, in which a number of the physicians, clergymen, and teachers of Detroit took part.

The next session was occupied in discussing the project of a law establishing the office of Medical Inspector of Public Schools. On the day after, some very extensive and careful reports were presented from the Philadelphia public school authorities, descriptive of an inquisition into the sanitary condition of the schools of that city, and comprising returns from the principals of all the schools, as well as from a number of physicians and chemists, some of whom present analyses of the air of school-rooms. Prof. Henry P. Bowditch's plan for obtaining facts relative to the rate of growth of children of different ages and nationalities in Boston was next described. It consists in taking the weight and height of every child in the public schools of that city, as nearly as possible at the same time, and afterwards ascertaining the average height and weight for each half year of the school-life, the scholars being classified according to nationalities. And in closing, a paper upon the "Sanitary Requirements of School Architecture" was presented by the secretary, and discussed at length.

The Conference of Boards of Public Charities was opened by an address from the governor of the State; after which papers were read as follows: "On the Care of the Insane Poor," by Dr. Nathan Allen; "Medical Chari-

ties," by George S. Hale, Esq., of Boston; "The Treatment of Criminal and Neglected Children in the United States," by Miss Mary Carpenter, of England; "A New Method of Checking Crime," by Bonneville de Marsangy, of Paris (printed in French in Detroit papers); and "Immigration," by Hon. Hamilton A. Hill. It is needless to add that the discussions were extremely practical and interesting.

The place for holding the next general session is not determined, although some kind of a meeting is to be held in the autumn of 1876, in Philadelphia, as a part of the Centennial performances.

Ohio Valley Medical Association.

This association had a full meeting April 7th. Papers were read by Drs. T. C. Smith, Bishop, Knight and others. The following officers were elected:—For President, Dr. A. L. Knight, of West Columbia, West Virginia; Vice-President, Dr. J. P. Bing, of Portsmouth, Ohio; Secretary, Dr. J. C. Bishop, of Middleport; Treasurer, Dr. C. R. Reed, of Middleport.

Items.

—The inquiry as to the validity of the claim to super-centennial antiquity, made in behalf of the Medical Society of New Jersey, has brought out a communication from Dr. H. Genet Taylor, of Camden, the present Secretary of the society. Dr. Taylor shows conclusively that the society was formed at New Brunswick, N. J., in 1766, and has maintained a continuous organization to this day. This places it among the most venerable voluntary associations in the country, and there are probably few older medical associations in the world.

—A case is reported of an opium eater, whose regular daily dose of morphia was twenty grains. De Quincey used to take as much as fifty-three grains daily. Sir William Jenner observes that the use of chloral seems to be increasing daily, but opium-eating is by no means so common. People take chloral now for weeks, months, or years, and seem to think nothing of it.

—A disease which prevails among the horses in St. Louis has been found, by post-mortem examinations, to be the cerebro-spinal meningitis. It is said the malady yields readily to treatment, and is not spreading.

—"Telegraph clerk's cramp," is the latest disease discovered. It is said to be confined to operators using Morse's instrument.

Personal.

—Prof. Maurizio Buffalini, perhaps the most illustrious of modern Italian pathologists, died at Florence on March 31st, in the eightieth year of his age. In 1863, as the result of a general subscription among the whole of the profession in the peninsula, a gold medal bearing his effigy was presented to him.

—The venerable Dr. Bullard, of New Haven, has been a practicing physician for about half a century, and he has been professionally present at the birth of about 1000 children. These children propose to hold a reunion and grand picnic at his residence. The matter will be inaugurated and carried out by a committee of arrangements from the surrounding towns.

—The Californian millionaire, Mr. James Lick, has been sued by his medical attendant, Dr. Zeills, for $55,000, for professional services. A stiff bill! But Mr. Lick claims a full offset to it in his bill against the Dr. for board and lodging!

—Dr. John L. Frensley was arraigned in the Police Court at Washington, April 25th, on the charge of having stolen several bank notes from the Redemption Bureau, of which he was a messenger.

—On May 24th, Dr. Smith and Madame Ingham, convicted of causing abortion, were sentenced, in Quincy, Ill., to eight years imprisonment each.

—Dr. Frank Thomas, the person who seems to have a voluntary control over his heart's action, is now traveling in this country.

MARRIAGES.

BAXTER—KILPATRICK.—At Navasota, Texas, on the 15th of April, 1875, by the Rev. J. M. Wesson, Mr. Benjamin B. Baxter, son of the Rev. B. B. Baxter, of Rockdale, Milam County, Texas, to Miss Elizabeth, youngest daughter of Dr. A. R. Kilpatrick.

BAYLEY—WYCKOFF.—On the 26th inst., by Rev. Dr. Elmendorf, of Poughkeepsie, Guy C. Bayley, M. D., and Angellica C. Wyckoff, daughter of the late Rev. Theo. F. Wyckoff.

DAVIS—BUGBEE.—In Lebanon, Vermont, May 4th, by Rev. W. H. Ayers, assisted by Rev. J. H. Gannett, J. A. Davis, M. D., and Louise K. Bugbee, both of Lebanon.

HUTCHINSON—WILSON.—At Utica, N. Y., Thursday, May 13, by Rev. Dr. Van Deusen, Dr. Frederick Eugene Hutchinson, of New York, and Miss Mary Watt Wilson, daughter of Charles S. Wilson, Esq., of that city.

WHITEFORD—PRIGG.—On Wednesday, May 12th, at Grace Church, Darlington, Md., by Rev. E. A. Colburn, H. C. Whiteford, M.D., and Miss Sallie E. Prigg, all of Harford Co., Md.

DEATHS.

BETTON.—At his residence, in this city, at 11 o'clock on Friday night, the 21st inst., Dr. Thomas Forrest Betton, son of the late Samuel Betton, M. D., and grandson of Col. Thomas Forrest, of Revolutionary fame.

CORNELISON.—At Jersey City Heights, on Monday, May 24th, John M. Cornelison, M. D., in the 74th year of his age.

FRENCH.—In Warren, Vermont, May 8th, Dr. David C. French, aged 84.

GRIFFITH.—In this city, on the morning of the 15th inst., Mary R., wife of Dr. C. M. Griffiths.

HEDGES.—At Chester, Morris County, N. J., on Wednesday, May 25th, Dr. William W. Hedges, in the 85th year of his age.

STARK.—On Tuesday, May 25th, in the 50th year of his age, John Stark, M. D., son of the late Rev. Dr. Andrew Stark, of the city of New York.

STONE.—In Provincetown, Mass., April 23d, Jeremiah Stone, M. D., aged 76 years, formerly of Marlborough, N. H.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

ON SO-CALLED TYPHOID FEVER.

BY R. C. ALLEN, M.D.,
Of Washington, Ill.

(*Continued from No. 953.*)

The treatment of this fever is as varied as all else connected with it. Commencing with Louis, who was the first to give us the pathology of this fever, we find that he generally commences the treatment by general blood-letting, proportioned to the severity of the disease and strength of the patient; he thinks that if this remedy is resorted to within the first ten or twelve days of the fever, it has a tendency to shorten the duration *a few days*, diminishing the gravity and lessening the mortality of the disease; he aids the blood-letting by suitable drinks, emollient enemata, and cool *fresh* air. Tonics he deems useful, and prefers the sulphate of quinia to any other article, given in eight to twenty grain doses, in mucilage; he urges the necessity of rest, cleanliness and free ventilation, during the progress of the disease, but sums all up by saying, "that these agents possess a favorable though limited influence upon the march and termination of the disease."

Bouillaud's treatment was extravagant, in the immense amount of blood abstracted, in nearly all stages of the fever, and we wonder, while reading his method of cure, if his assertions were true when he claims that "Success or cure is the law, failure or death the exception." What would be thought of such practice in this day and generation? condemnation, of course.

De Larroque's method of treatment was the administration of an active antimonial emetic, immediately followed by the use of seidlitz water, castor oil and calomel, continuing them up to the time of convalescence, without regard to the state of the bowels, the condition of the patient, or the period of the disease.

Trousseau's practice was decidedly more rational; he says: "In a great number of cases of dothinenteria I remain almost passive. When it follows its natural course, when the symptoms and special complications do not demand active measures, my treatment is limited to prescribing infusion of camomile as a tisane, acidulated drinks, such as lemonade or orangeade, and water sweetened with gooseberry or cherry syrup. The intervention of art is generally useless in the eruptive fevers, to which dothinenteria presents striking analogies. Their progress is but very slightly modified by the available resources of medicine; when the cases are mild, recovery takes place spontaneously, and a judicious physician will avoid disturbing the curative efforts of nature by unseasonable meddling. On the other hand, when the cases are severe, the disease often shows threatening tendencies as it advances, and then our interference may be of real benefit. But such fortunate occasions are more frequently met with in scarlatina, measles and small-pox, than in dothinenteria, *yet in all of them we are most commonly obliged to recognize our impotence, and submit* to consequences which we cannot prevent." "I look upon dietetic management as the chief feature in the treatment, and I attribute the success which I have had in typhoid fever to the dietetic plan which I followed." When the

stools are excessive, both in number and quantity, he prescribes a saline purgative, sulphate of soda or tartrate of potash and soda, followed, if necessary, by equal quantities of subnitrate of bismuth and prepared chalk, given from three to eight times during the twenty-four hours: this is the substance of his treatment.

Aitken says, "The chief indications of treatment are to reduce temperature and subdue vascular excitement, if these be in excess; to restrain and moderate, but not to suppress or check the diarrhœa; to stimulate the nervous system, when necessary; to obtain a free action of the kidneys, and to influence the elimination of the morbid growth from the intestinal glands." For the first he uses digitalis; for the second, lime water and milk in equal parts, taken as a drink; ipecacuanha, in small and repeated doses; to stimulate the nervous system, uses alcohol; to maintain a free action from the kidneys, the warm bath, with repeated small doses of the alkaline carbonates, or nitrate or bitartrate of potash; and to eliminate from the intestinal glands, one or two grains of calomel twice a day.

Niemeyer says, "When abdominal typhus has once begun, we *may, under some circumstances*, attempt to cut short its course. It is now generally recognized that this cannot be done by emetics or venesection." "These measures almost always have an injurious influence on the course of the disease." He recommends that at first we should give typhoid patients small quantities of milk and strong broth, several times daily, whenever they desire it; has typhoid patients washed all over with pure cold water, or with a mixture of three parts of water to one of vinegar, repeated several times daily, and should be done very carefully. In a mild, *regular course of typhoid, we need give no medicine.* If the diarrhœa is profuse, he recommends solution of alum, ʒj to aqua, ℥vj, or of tannin, ϑj to ʒss to f.℥vj, as a general support, and good strong wine.

Flint says, "It must be admitted that the known resources of therapeutics do not afford reliable means for the arrest of these fevers, or even shortening the duration of the febrile career." Hygienic and supporting measures form the most important part of the treatment of typhoid and typhus fever. Hygienic measures indicated are complete ventilation, cleanliness, regulation of temperature, which should not be allowed to rise above sixty degrees Fahr.; foremost of these is an abundance of pure air; the evacuations should always be instantly removed; when practicable the bed and body linen should be changed daily; supporting measures embrace tonic remedies, alcoholics and alimentation, more especially the two latter. "The importance of support is based on the *plain fact that typhus and typhoid fever, being self-limited diseases*, if the patient can be kept alive after three or four weeks, recovery must take place, provided there be no serious complication."

Wood says, "It must be borne in mind that the disease generally runs a certain course, and that this is sometimes very protracted." He begins treatment with a mild purge, generally using sulph. magnesia or castor oil. When the pulse is full and strong, and sanguineous determination to the brain or other vital organ is obvious, blood may be taken from the arm, to the amount of eight to twelve or sixteen ounces, and cases may occur in which it may be proper to repeat the operation. Bleeding will not arrest it, and if carried too far, or improperly employed, may so prostrate the system as to cause it ultimately to sink under the malady. Refrigerant diaphoretics should be employed from the commencement; he prefers the citrate of potassa, in the form of effervescing draught, cold ablutions; the diarrhœa should be allowed to take its course unless too exhausting, then control by small doses of opium and ipecacuanha, to which kino, acetate of lead, etc., may be added, if necessary. Nervous symptoms may be quieted by sweet spirits nitre, Hoffman's anodyne, or camphor water. Should the disease not yield to the above treatment, he advises the use of blue mass, one grain every two hours, until the mouth is affected; he generally gives,

℞.	Mass,	gr.xij	
	Ipecacuanha,	gr.ij	
	Opium,	gr.ij.	M.

Made into twelve pills, one to be taken every hour, hour and a half, or two hours; should the symptoms not yield, give the oil of turpentine, in doses from five to twenty drops, every hour or two, in emulsion.

Bartlette says, "After the first few days, in cases of *moderate or average severity*, with no special or urgent indication, it is quite clear, I think, that all treatment in any way decidedly active or perturbating is to be avoided. The tendency of the disease in all such cases is toward a natural termination in health, and there is no evidence that the dangerous com-

plications which are liable to occur can be prevented by any active interference."

Clymer says:—"Typhoid fever runs a definite course, with a natural tendency to a happy termination. Young and previously healthy persons pass through the disease favorably, with little or no treatment."

It would be folly to quote further from any known authorities relative to the treatment necessary in typhoid fever. We have given prominent, and what is considered reliable authors, touching their views and the treatment they deem necessary in this disease. The reader will perceive that all the authorities quoted class it as a specific disease, running a definite course, requiring, generally, but little therapeutic interference for its cure, and as an evidence of that fact, we will give a few illustrations, derived from reliable sources.

Dr. Fleischmann's report of the Hospital of the Sisters of Charity, of Vienna: of 819 cases treated exclusively by the homœopathic plan, extending over a period of nine years, 14 died, or 1 in 58. "In 63 cases in St. Thomas Hospital, London, in which Dr. Williams used only simple enemata of warm water, all got well but one."

Prof. Flint, recognizing the treatment of typhoid and typhus fevers as being the same, gives us an account, in his "Practice of Medicine," page 728, of 82 cases of typhus, transferred from an emigrant ship at Perth Amboy, New Jersey, in 1837, to wooden shanties with sail roofs; 12 were in a state of insensibility when removed. On the night of their removal, there was a violent thunder gust, accompanied by torrents of rain, and the following morning the clothes of all were saturated with water. The medical treatment consisted "of an occasional laxative or enema. Vegetable acids and bitters were liberally administered, together with the free use of cold water, buttermilk and animal broths." Four sailors who sickened after the arrival of the vessel were removed to an ordinary dwelling house, and of these cases, two proved fatal. Of the 82 cases treated in the shanties, not one proved fatal.

No wonder, then, that Prof. Clymer should use the following emphatic language: "This disposition to recovery should not, then, be thwarted by meddlesome interference, or mischievous activity. There are no means by which an attack of typhoid fever can be cut short, or its duration even materially abridged. All treatment must be auxiliary, and should be directed towards the shelter from serious harm of the essential functions."

Dr. Watson says, "He must be reckoned the safest and best practitioner, who knows when to abstain from acting as well as to act, who has learned when and to what extent the case may be left to the salutary processes of nature."

I hear of physicians all around me, in fact throughout the valley, treating typhoid fever as a very general disease, a type of fever predominating over our well known malarial diseases, and were these reports true it would most undoubtedly be an endemic disease. I hear of physicians in this place, in places near, in fact everywhere, who have treated, successfully, cases of *true typhoid fever* in from three to ten days, cases, too, that had all the essentials of this fever. Can this be true? I think not; because the history given us of this fever will not confirm it. The preponderance of evidence declares it to be a self-limited disease; a disease having a specific course, which no known treatment can materially abridge. I have repeatedly asked physicians that met with this fever so often the treatment they adopt, and I find it invariably similar to that we would give for the cure of our malarial types of disease, and not at all applicable for the cure of typhoid fever. I am very confident that we do not find this fever endemic in central Illinois, or in the valley of the Mississippi south of the forty-second degree of latitude. Dr. Edward F. Wood, a practitioner for many years in this place, a physician of intelligence and close observation, tells me that his views concerning this fever are precisely similar to my own. Other intelligent physicians tell me that true typhoid fever is very rare indeed. That we have some anomalous forms of disease, I won't deny. That we have fevers of a continued type, I will not deny, but these fevers, these diseases, as far as my observation extends, do not present any of the marked characteristics of typhoid fever, not one, except continuance. It was upon the basis of Humoral Pathology that Louis and other French physicians based their treatment; that pathology then giving way to a more rational theory, had left its impress upon many eminent minds of the period, and hence we find bloodletting the remedy par excellence in the treatment of this as well as all other fevers.

Trousseau, that eminent French Physician,

whose teachings reflect a brilliancy over all medical literature, and shed a halo of glory around his immortal name, for the masterly manner in which he grappled with this intricate question, unraveling it piece by piece, until its pathology and treatment stand preëminent for scientific research, based upon common sense, in its elucidation has expressed his opinion relative to the treating of typhoid fever in six days. On page 348-9, vol. II, of his "Clinical Medicine," he gives us the details of a case (in which, no doubt, many of our typhoid physicians can find much similarity to their own cases) where a gentleman presented himself, "complaining of giddiness, headache, high continued fever, tongue red at the point, thirst, anorexia, some fits of cough, and a profuse diarrhœa." At the first glance there was room for supposing it a case of typhoid fever, but he guarded his opinion, and in six days the patient had regained his usual health. He goes on to speak of the case as follows: "I should certainly, gentlemen, have played a lucky game if I had given, at my first visit, a decided opinion, based upon the symptoms which were then present. If, without allowing the case for a moment to follow its natural course, I had began active treatment, in place of confining myself to prudent waiting, I might have believed, and I might have told you, that I had cured a case of dothinenteria in six days, as *some physicians, who do not take into account the specific character of the disease, assert they can do*, and as homœopaths, particularly, pretend to do; I should have deceived myself, like these physicians, and like these homœopaths. Well, when these practitioners fancy that they have arrested in their career maladies which *must pursue an inevitable course*, it is because they do not regard this inevitability from the same point of view with me." He then goes on to explain fully his meaning, which is of too great length to insert here, and then says, "the intestinal catarrh of dothinenteria is a catarrh of a specific character, and we may use means for moderating it, just as we would adopt means for moderating other catarrhs, but if we try entirely to remove it we shall fail."

Our American writers, while admitting it to be a specific disease, running a specific course, point out treatment that nullifies their pathology to a great extent; in fact, Wood's treatment in this fever is similar, and adapted to all fevers. But as long as we don't have typhoid fever as an endemic fever, his treatment can do no harm, even if applied to other fevers.

Typhoid fever, then, as we gather its history from the best known sources, is a specific disease. The materies morbi entering the system, makes its impression upon the peyerian and mesenteric glands, producing irritation, inflammation, and ulceration as a general result, each stage developing marked characteristic symptoms; should there be no constitutional idiosyncrasies, that would have a tendency to counteract the effects of the poison on the system, it has a definite and self-limited course to run, presenting in some a mild, while in others a very malignant type, the same as all essential diseases. Do we attempt to arrest the lesions of the skin in small-pox, measles, or scarlatina? not at all? we see it as a symptom of a specific disease, and welcome its appearance, knowing that it will relieve the internal organs, and give quietude to a frame racked with pain and fever; we also know that these specific diseases have a definite course to pursue, and we avoid as much as possible all medication, relying on nature for restoration. So it must be with typhoid fever, when and wherever met.

Then, believing, as we do, that this fever is specific in character, and propagates itself by contagion, we cannot recognize it as being an endemic disease, common and peculiar to the people of the Mississippi Valley, and in support of these views, I append a synopsis of seven thousand eight hundred and eighty-three cases, coming legitimately under the head of fevers, confounding them with no other disease whatever, which were treated by me in the Valley from 1844 up to November 1, 1874, a period of thirty years.

1844. 113 Intermittent; 16 Quotidian; 91 Tertian; 6 Quartan; 105 Remittent; with 4 deaths. This year a remarkable overflow of the Mississippi River occurred, which produced an alarming amount of sickness in the year following.

1845. 329 Intermittent; 86 Quotidian; 193 Tertian; 43 Quartan; 7 Pernicious; with 3 deaths from the pernicious, death occurring in 1 in the first chill—never had the least reaction—2 in second chill, both dying in the cold stage, with an effort at reaction resembling the collapsed condition of cholera. 308 Remittent; with 7 deaths, 3 resulting from relapse after recovery from first attack, 4 complicated with pneumonia. 27 Erysipelatous; this assumed a very malignant type; fœtid breath, shrunken features, with tardy appearance of the eruption, which assumed a

dark purplish color, in all cases, when the eruption disappeared rapidly; death followed in from 2 to 8 hours, almost invariably; 9 deaths.

1846. 281 Intermittent; 67 Quotidian; 201 Tertian; 8 Quartan; 5 Pernicious; 1 death. 211 Remittent, with 5 deaths; 3 of them complicated with pneumonia, 2 as result of previous debility with intermittent. 9 Erysipelatous, 3 deaths.

1847. 215 Intermittent; 43 Quotidian; 151 Tertian; 11 Quartan; 2 Double Quotidian; 176 Remittent; 6 deaths; 4 of these cases were protracted, and presented rather singular symptoms for this type of fever; in each of these cases there would be a remission of 5 to 30 minutes, occurring sometimes once in 12 hours, then in 48, and again in 72 hours, blending, as it were, the intermittent types; although quinine and opium was freely given in the remission, they did not seem to have any perceptible influence on the system.

1848. 183 Intermittent; 27 Quotidian; 148 Tertian; 8 Quartan; 125 Remittent; with 7 deaths, resulting mostly from dysenteric symptoms supervening. This year there was a marked predisposition to bowel affections, and a few well defined cholera cases occurred, while it almost assumed an epidemic form along the course of the Mississippi River. 5 Erysipelatous; 1 death, from decided brain complication.

1849. 86 Intermittent, all Tertian; the most of this type proved very refractory to treatment, and in several, a low form of continued fever supervened, requiring a long time to get rid of; in all of these cases, however, we would have the well marked stages of the type, although never clear of fever, until convalescence was established. 132 Remittent. These cases all were of a stubborn character, with much intestinal disturbance, sordes on teeth, tongue black and parched, with large fissures, which would exude a dark sanies, great brain disturbance; 7 deaths, and mostly confined to adults.

1850. 63 Intermittent; 17 Quotidian; 44 Tertian; 2 Double Quotidian; both cases of double quotidian died from complications of scarlatina. 174 Remittent; 18 deaths, resulting from scarlatina complication; 13 children, 5 adults. 93 scarlatina; this was the first known appearance of this fever in east Arkansas, at least of an epidemic type; the character of the disease was so malignant and fatal, that it produced a wide-spread alarm. In the beginning of the epidemic so little time was given for investigation, that nearly every case proved fatal; of the 93 cases coming under my notice and treatment, 61 proved fatal, many succumbing to the disease in six hours; it had many characteristics of malignant pernicious fever, excepting the icy coldness of that disease, while all the cases had the pseudo-membranous exudation in the fauces; the eruption was of a purplish cast, with but feeble efforts at reaction; the brain in many cases seemed overwhelmed with the shock, and patients would die in profound coma. The experience of all other physicians within the range of the epidemic, and from whom I gathered any information, was very similar to my own; of these 93 cases, 57 were confined to blacks, and of the deaths, 39 were blacks; the first case was that of a colored girl, 19 years of age, and death occurred in 5 hours from the time she made any complaint of being unwell.

1851. 319 Intermittent; 11 Quotidian; 307 Tertian; 1 Double Tertian; 155 Remittent; 9 deaths.

1852. 201 Intermittent; 47 Quotidian; 146 Tertian; 8 Double Tertian, 176 Remittent; 4 deaths, from dysentery supervening; intestinal irritation was prominent in all diseases. Cholera appeared sporadically in this and Woodford county, assuming a mild character in some, and in many a very malignant and fatal form. It made its appearance in this town in a family who were in comfortable circumstances, and no local cause could be found from which to trace its origin; it carried off nearly the entire family in a few days. No treatment, I am told, did the least good in the malignant form. Cases of it were quite frequent along the line of the Illinois Central Railroad, then building, and generally of a fatal character.

1853. 211 Intermittent; 16 Quotidian; 187 Tertian; 3 Double Quotidian; 5 Double Tertian; 89 Remittent; 1 death from chest complication.

1854. 166 Intermittent; 5 Quotidian; 147 Tertian; 6 Double Tertian; 8 Double Quotidian; 117 Remittent; 2 deaths.

1855. 186 Intermittent; 18 Quotidian; 164 Tertian; 4 Double Tertian; 93 Remittent; 2 deaths.

1856. 196 Intermittent; 11 Quotidian; 178 Tertian; 3 Double Tertian; 4 Quartan; 98 Remittent; 2 deaths. 4 Continued; these cases ran 12 to 20 days; all had marked remissions, yet peculiar symptoms of the brain; no intestinal trouble, no sore eruption, no marked symptom of typhoid fever.

1857. 93 Intermittent; 3 Quotidian; 78 Tertian; 4 Double Tertian; 8 Quartan; 124 Remittent; 3 deaths.

1858. 138 Intermittent; 8 Quotidian; 113 Tertian; 9 Double Tertian; 8 Quartan; 175 Remittent; 3 deaths.

1859. 181 Intermittent; 1 Quotidian; 172 Tertian; 8 Double Tertian; 95 Remittent.

1860. 117 Intermittent; 14 Quotidian; 101 Tertian; 2 Quartan; 131 Remittent; 5 deaths.

1861. 83 Intermittent; 6 Quotidian; 74 Tertian; 3 Double Tertian; 131 Remittent; 2 deaths; 13 continued. These cases would commence as an ordinary intermittent, yet would not yield to the therapeutics of this disease. After the third or fourth paroxysm, the fever would continue longer, with sweating stage less, until a regular remittent type of fever would exist; this would continue

several days, the remissions becoming less, until a continued form of fever would be present; the cases would run from 20 to 40 days; during the time careful watch was kept, to discover any rose eruption; the bowels, while loose in some cases, were not so in the majority; the discharges in all would be dark and vitiated; no mental disturbance, and the general expression that of ease; recovery took place in all the cases treated.

1862. 73 Intermittent; 69 Tertian; 4 Quartan; 149 Remittent; 3 deaths; 10 mixed or continued cases, running 10 to 20 days, ending in health.

1863. 48 Intermittent; 6 Quotidian; 42 Tertian; 150 Remittent; 2 deaths; 10 Erysipelatous; 2 deaths; 6 mixed, or mild Continued.

1864. 41 Intermittent; 3 Quotidian; 36 Tertian; 2 Quartan; 161 Remittent; 1 death; 6 Continued; 4 deaths. The history of these cases are interesting, from the fact that four of them occurred in one family, all dying. J. R., a young man, was brought home in November, sick, from an army hospital, and presented some of the essentials of typhoid or typhus fever; he had been sick some time, with fever complicated with dysentery, which were present when I first saw him. His father's residence consisted of two rooms on lower floor, and one above; all of the cooking, washing, etc., was done in one room, while the other was occupied as a general sitting room; in it was placed a bed for the use of the father and mother; in this bed, close by a coal stove, the son was placed, and covered in part by his army blankets. After learning as much as I could of the history of the case, I made careful examination for the rose colored eruption, expecting certainly to find it. Next examined the stools, which were small in quantity, and consisted mostly of mucus. Pulse 108, and feeble; mind wandering occasionally; general expression of features listless, with purplish blush over whole face; the bowels were slightly tympanitic; tongue dark, and crusted with a deep brown fur; sordes on teeth; skin warm, but had a peculiar doughey feel. Not being satisfied as to the exact condition of the patient, I prescribed for the most urgent symptoms. Gave ten grains subnitrate of bismuth, combined with twenty grains compound powder of chalk and opium, two grains quinine, given once in four hours. Ordered the body to be sponged carefully off, the room to be kept quiet, and to admit all the fresh air into the room consistent with comfort; to have egg-nog, with good soup. November 12th. Found patient in condition similar as yesterday, excepting that the bowels did not move so often; pulse 112, feeble; the blush deepened in color; brain about same; found it impossible to have all the air admitted that was essentially necessary to any improvement. Continued treatment, omitting opium. November 13th. No improvement in general appearance, as the bowels were sufficiently checked, ordered turpentine stupes to the abdomen, with cold ice water to the head, and gave carb. ammonia, eight grains, quinine five grains, every four hours, with turpentine emulsion between, twenty drops for a dose. Egg-nog liberally, with good nourishment. November 14th. Patient evidently failing, and upon a very careful examination can't see why the treatment should not make some perceptible impression; bowels moved twice in twenty-four hours; comatose condition; quit all medicine and relied on careful nursing and nourishment, but nothing seemed to do the least good, and the patient died twelve days after his arrival at home.

On the 5th of December following, D. R., the father (who had received an injury from being thrown from his horse, a short time before) was taken quite sick with prolonged chill, lasting, as was told me, some eight hours, followed by high fever and intense headache, with great pain, not local, but as he said, all over me. Found the patient with high fever; pulse 116, strong; considerable headache; tongue light yellow coat; skin dry and parched; thirst urgent; bowels constipated; bled him to extent of 16 oz., by guess, think there was some more; let blood flow until an impression was made on pulse; gave cal. rhie and soda āā, x grains, to be followed in four hours with a saline purgative.

Next visit found the pulse 100, soft; skin more yielding; tongue with coat heavier and of same color; the bowels had acted freely, throwing off a large quantity of vitiated bilious matter; thirst about same as yesterday; repeated the alterative and purgative powder, followed with a saline draught, and gave spirits nitre, dulc. in effervescing mixture every hour, two hours, or as was indicated by the skin; left also powder of quinine, two grains; doveri, six grains; nitrate potassa eight grains; one to be given every three hours after the action of the purgative.

Next visit found that the purgative had acted as well as could be desired; passing freely of bilious matter; tongue slightly moist; skin slightly moist; pulse 113, feeble; mind a little wandering through the night; features natural, at least none of that lifeless expression as was present with the son; says he feels better; the increase of pulse with incoherent talk made me very careful about my opinion of the case; gave a powder of calomel two grains, ipecacuanha one grain, camphor four grains, nitrate potassa eight grains, repeated every four hours; the body to be sponged carefully, and the body and bed linen to be changed daily; to have the effervescing mixture when wanted.

Next visit found patient with profuse perspiration; pulse 122, feeble; expression listless; appeared to be asleep; speaking to him would call his attention, and he would answer rationally, but would soon pass into this sleepy condition; the whole body and limbs were examined daily for any eruption, found none;

bowels acting only when medicines were given; no trouble to have them act; pupil of eye would contract and expand to the impression of light; think the brain trouble arises from a lack of proper areation of the blood, more than any special disease of cerebral membranes; being very cold, it seemed impossible to have anything like sufficient ventilation; ordered good nourishment, with good whiskey toddy, to be given ad libitum; gave carb. ammonia ʒj, in aqua. camph. ℥vj, tablespoonful every hour, two, or three hours, as required.

Next visit found my patient in articulo-mortis, and shortly after my arrival, died, without a struggle, in nine days from commencement of illness. It may be possible that he received injuries when thrown from his horse, a few days prior to his being taken sick, that produced the grave symptoms.

E. R., a young man, aged twenty, was taken sick two days after his father; was placed on a lounge in same room; symptoms very similar to those of father. Had Doctor Edward F. Wood, a very intelligent and observant physician of the place, called in consultation; after long and patient investigation, we were undecided as to the true character of the disease. We could not say it was malignant remittent fever, because we could detect or learn of no remissions at any time as regards the fever. We could not recognize it as typhoid fever, because we could detect no characteristics of that fever. We could not say it was inflammation of the cerebral membranes, because there was no raving delirium, no convulsions, no suffusion of the eyes, and in the end, not that profound coma and insensibility which characterizes the disease, and, after careful thought, resolved that it was the best plan to treat the case from a common sense standpoint, and trust to nature. We both attended this case; symptoms and cause similar to the other two, and in six days he died.

The mother was taken sick, in a similar manner, during the sickness of the son, ran the same course and she died.

Dr. Wood and myself entreated the remaining members of the family to vacate the premises, believing it was the only thing that would preserve their lives; to throw open the windows and doors to the storms and winds, and by that means, get rid of the contagion so manifest. Not another case occurred in the family, nor in the settlement, that I ever learned of.

1865. 49 Intermittent, all of the Tertian type; 151 Remittent; 2 deaths; 8 Erysipelatous; 1 death.

1866. 51 Intermittent; 2 Quotidian; 49 Tertian; 125 Remittent; 15 Erysipelatous; 1 death. 12 Scarlatina; 3 deaths.

1867. 61 Intermittent; 1 Quotidian; 61 Tertian; 118 Remittent; 2 deaths. 3 Erysipelatous; 1 death. Asa Smith.

1868. 72 Intermittent; 2 Quotidian; 68 Tertian; 2 Quartan; 121 Remittent; 1 death.

1869. 67 Intermittent; 5 Quotidian; 62 Tertian; 46 Remittent.

1870. 27 Intermittent; 2 Quotidian; 25 Tertian; 60 Remittent; 1 death. 6 Continued.

1871. 19 Intermittent; 19 Tertian; 67 Remittent; 2 Erysipelatous; 1 death.

1872. 13 Intermittent; 13 Tertian; 71 Remittent; 1 death. 5 Erysipelatous; 1 death.

1873. 10 Intermittent; 1 Quotidian; 15 Tertian; 54 Remittent; 1 death. 3 Erysipelatous.

1874. 5 Intermittent; 5 Tertian; 41 Remittent. 1 Continued. This case occurred in a lady aged 40; never was sick before; while she had more or less intestinal irritation, she had some of the ochre stools; never had the least mental disturbance; never had any sign of an eruption. Epistaxis occurred once; whole time of continuance about 40 days. This case comes nearer being a specific disease than any other met with.

It will be seen that Intermittents and Remittents are becoming annually less, while diseases of the lungs and air passages largely on the increase. There were 3704 intermittent; 3929 Remittent, with 101–46 continued; 4 deaths; 12 Pernicious; 4 deaths: 105 Scarlatina; 64 deaths; 87 Erysipelas; 20 deaths; there were 401 of the Intermittents Quotidian; 2874 Tertian; 50 Double Tertian; 13 Double Quotidian, and 102 Quartans.

Hospital Reports.

PENNSYLVANIA HOSPITAL.

CLINIC OF ADDINELL HEWSON, M. D.

Demonstrating some of the Elements of Mechanics Involved in Methods of Treatment of Fractures of the Thigh.

Reported from Notes, by Frank Woodbury, M. D.

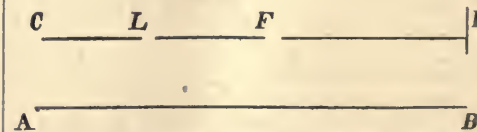
Gentlemen:—As I stand very much alone among the teachers of surgery in Philadelphia, in advocating the method of suspension in the treatment of fractures of the lower extremities, I will avail myself of the occasion of showing you, to-day, the results of such treatment in a case of fractured thigh, to discuss some of the mechanics involved in it. This case was admitted six weeks ago, with an oblique fracture of his right thigh, at about the junction of its middle and upper third. When admitted, there was one inch and a half shortening, the lower fragment being drawn up under the upper, which was rotated and tilted forward. Immediately on admission he was put in the apparatus most generally in use here. Sand bags and extension by pendent weights (that of two of our Philadelphia bricks suspended over a pulley of two inches diameter) secured at the foot of the bed. This apparatus having been applied before I saw him, I made no change until two weeks had elapsed, when it was evident to all that a

bad result would ensue if the plan was continued. You will remember that I then brought him before the class, and after pointing out the deformity and shortening, still one inch and a half, I also stated briefly my convictions that no plan of treatment in the horizontal position could make a perfect cure in such a case. That the plan to be adopted must be one which would bring the lower fragment into the plane of the upper, for there was none by which we could reduce such an upper fragment to the line of the lower. The plan for this, then, was evidently that known as flexion, and of its varieties, I briefly stated my preference for the suspended splint of Prof. N. R. Smith, of Baltimore. This splint I then applied in your presence, and to-day I have to show you the result of its four weeks' continuous use. The patient, you see, seems perfectly comfortable with the limb suspended. He sits up in bed, and moves about from side to side, and would seem to have no forces exerting their influence on his limb. In a former lecture, I referred to the value of fixing the neighboring joints in the treatment of fractures, and here you will notice the knee has been controlled by a small angular splint in the ham, and there has been applied laterally a large piece of binder's board, to keep the fragments in the same plane, and so let him have the use of his hip to sit up or change the angle of his body when desirable. Otherwise, we should have had to fix the hip joint.

On removing the apparatus and straightening the limb on the bed, you see there is no deformity at the seat of fracture, and little, if any shortening. By close examination, we can detect callus at the seat of fracture, but no distortion in the line of the limb. And as to the shortening, measurements by the most accurate means do not reveal anything over half an inch, a result, in that respect, far better than we had any right to expect, for you will remember that this has all been accomplished in the last four weeks. When I direct the patient to rotate the limb from the hip joint, and compare this motion with similar motion in the other, you will notice some little difference, that is, he everts the foot of the fractured limb to a less extent, and inverts it to a greater extent than he does the one of the sound side. This we see constantly after the best of cures of fractures in the upper part of the thigh, and always in a more marked manner where the cure has been made by extension on the horizontal plane; this is from the fact I have stated to you before—the rotation of the upper fragment, which is not met at all in the latter method of treatment as it is in the former. The cure in this case may, therefore, be unhesitatingly pronounced a perfect one.

I remarked to you a moment ago, before disturbing the dressing, that the patient seemed, with his limb suspended in the air, to have no forces whatever exerting their influence on his limb. Now I will show you, by a simple experiment of suspending his nude limb in a sling below the knee, attached to a cord passed over a small pulley wheel, and a movable force attached to the other end of that cord, that it requires a considerable amount of force to hold the heel sufficiently off the bed to allow the limb to swing. To maintain so slight an elevation as this, you see the weight of three whole bricks (over thirteen pounds) is required, and as the segments of the cord from either side of the pulley are parallel, and the pulley is fixed, we know, by a law of elementary mechanics, that the resistance and power are just equal in gravity. To raise the limb still higher, we have, as you see, to add more bricks to the cord, and to overcome such gravity as exists in the limb, flexed at the knee, and raised high enough to make the axis of the thigh form an angle of about twenty degrees with the plane of the bed, we have to use six bricks, or twenty-seven pounds weight. Effects of such resistance and power are to be seen in this man's ham, by the condition of the tissues there; they are reddened from the pressure. I will now reapply the dressing, and, as I do so, you will notice I first, after supporting the bent knee on a pillow, secure the wire splint on the dorsum of the limb by a number of strips of bandage—two at the knee joint, retaining the angular splint in the ham; two at different points of the thigh; two, for the same purpose and manner, in the leg portion, and one for the heel. I then suspend the whole from the pulley by the cord, using, as a counteracting force to the resistance offered by the limb, a check block on the two parts of the cord, so that we do not have the movable force, as with the bricks. I am not only careful now to see that the tension in each of these strips is the same, but move the frame from which the suspension is made so far down the bed that the suspending cord will no longer be perpendicular to the bed, but form such an acute angle as will increase the traction on the lower fragment, and even, when we require it, raise the buttock off the bed, sufficient to pass the hand under it. This being done, we next apply a roller from the toes up to the groin, and so effect a thorough diffusion of the resisting force offered to such a position of the whole limb. To maintain the limb in that position, I will now show you that the movable weight of seven bricks is required; that is, over thirty pounds. You can, therefore, no longer think that there are no forces at work keeping up extension and counter-extension at the seat of fracture in such a case, when suspension is being used. This I wish to discuss with you still more accurately in relation to the principles of mechanics involved in it, and for

Fig 1



that purpose I will first consider those involved in the method (Fig. 1) of *extension*, so called.

If we take C L F K to represent the fractured limb, *when in an extended position*, and A B the surface of the bed covered by that limb, we have the weight of the limb diffused over that surface, and the weight and resistance are equal; we have the same state for the rest of the body and surface of bed covered by it. The surface of the bed being horizontal, the centres of gravity for every portion of this man's body and limbs, when at rest, are at right angles to the surface underneath them, and the corresponding points of the bed furnish, in each instance, a resisting force in a vertical direction, and directly opposing them. In this respect both limbs are alike, but where a fracture exists in one, a new force comes into play to disturb this state of rest, and which has no such action in the sound limb. I refer to the traction force produced by the muscles on the front and back part of the thigh, known as its long flexors and extensors. These, by the tilting up and forward of the upper fragment, do not have the firm resistance offered, through the axis of the thigh bone, to their free contraction, as in the other limb; but, as by their contractions they will approximate the points of their origin and insertion nearer and nearer to each other, a displacement must be effected in the portion of limb below the fracture, if their contractions are capable of moving it on the bed, for such muscles may be paralyzed, and then no change of position is brought about, or they may be so weak as not to cause it. Where they are capable of producing shortening, it is evident they draw the limb up the bed, for, acting as a moving force between two movable bodies, they move and approximate, the lesser to the greater in weight. With the axis of the whole limb and the plane of the bed supporting it being still horizontal, the resultant of the action of these two sets of muscles would be in a horizontal line, owing to the lines of their forces forming the same angle with the axis of the thigh at the

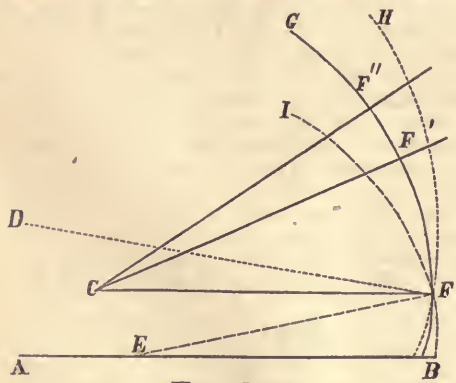


Fig 2.

knee joint, as seen in E F C and D F C, Fig. 2, provided these muscles were equal in force. A careful study of their relations at the hip joint will show, however, that, even admitting the power of the muscles to be equal, their mode of application from there must result in other than a horizontal line. Thus D, Fig. 2, which represents the anterior superior spine of the ilium—the origin of the rectus femoris—and E, which represents the tuberosity of the ischium—the origin of the chief part of the ham-string muscles—when connected by a line, are found to bear a singular relation to C—the centre of the acetabulum and the fulcrum on which a sound os femoris acts—E being the same distance below as D is above C. These relations to C make the leverage different in the two instances of the forces applied from D and E, and very much in favor of that of E F over that of D F. Where the thigh bone is broken there ceases to be leverage from the hip joint, and the powers through D F and E F become merely traction forces to overcome the equilibrium which otherwise existed between the diffused weight of the limb and the resistance of the bed underneath it. In this character the advantage is, in every way, in favor of D F. In fact, traction force on that line is in the most favorable direction, and that on E F is in the most unfavorable, to disturb that equilibrium, if the force is acting on either alone; and the resultant of forces acting on the two must, to effect motion, favor the direction of D F as to the horizontal plane, as such resultant has to somewhat lift the weight of the limb from off the bed, or be so powerful as to move it horizontally in spite of the greater resistance applied in that direction, by friction. [The shortening in a fractured thigh may have resulted under other circumstances than those which we have been considering, as in lifting the patient on to the bed, or the like. When existing, and efforts are made to reduce it by traction on the horizontal plane, it is found that greater additional force is required than that represented by the actual weight of the limb acting in such a plane. Thus, even more than three bricks applied by a cord over a pulley so as to act horizontally, will not reduce the shortening in a strong, hearty man, like the one before you; and the patient will unconsciously slide himself down in bed to ease himself from the tension of such force on the irritated muscles of his thigh, and that, too, long before such tension can exhaust their contractions.]

To obviate this we do what is called *setting* the limb, and here every practical surgeon applies force strictly in accordance with the laws of mechanics, although many of them may be always ready to express great contempt for such laws. He takes the leg on his two hands, raises it off the bed, and, flexing it at the knee, he then makes traction in the line of the upper fragment until he overcomes the shortening, renewing his efforts, if the first failed, after further flexion at the knee and hip have been made. The fracture being thus set, the limb is carefully returned to the horizontal plane, strong traction being steadily kept up by the hands until the limb is put in the right position and the weight applied over the pulley. But now no more weight is used than is sufficient to counteract the muscles. For this purpose the weight

of but one brick may be sufficient, or may be made so by raising the pulley above the plane of the axis of the limb, and so giving the same advantage to its line of traction as we have seen was possessed by force along D. F. (Fig. 2), or the foot of the bed may be elevated so that its plane ceases to be horizontal, and the gravity of the whole body forms an obtuse angle with that plane, and is constantly tending to draw the body up the bed. This expedient experience has shown to be more satisfactory than that of increasing the weight at the foot, which eventually draws the whole body down, and favors the return of the shortening. The treatment of fractured thighs by extension, with weights over the end of the bed, is, therefore, most satisfactory, when the foot of the bed is elevated, but then it is no longer treatment on the horizontal plane, and the forces at work are employed at great disadvantage mechanically, and consequently, I may say, at inconvenience to the patient, not simply as to the tilted position in which he has to be in bed, but as to the continuance of the traction force after the muscles are sufficiently lengthened to allow of the fragments remaining in proper apposition, an objection which always exists in the methods of extension by movable weights.

In adjusting a fractured thigh for treatment in the suspended splint, we do not give ourselves the concern about the preliminary setting, as we do in the method by extension, but put it in the state of flexion in which we wish it to remain during treatment, and support it in that position by a rolled up pillow under the knee, until we get the splint bent at the proper points, applied on top of the limb and secured by bandages. During this time, we often observe that the fragments adjust themselves into their proper places. By reference to Fig. 2, we can explain why this occurs, as well as why reduction takes place more readily by traction when the limb is flexed, than when it is extended, as was before stated. Thus, the muscles enveloping a fractured thigh bone (unless the fracture is much comminuted), give such solidity to it that it still revolves at the acetabulum when moved by external force. If, therefore, C F is taken to represent a shortened fractured thigh bone, its lower extremity when flexed forward through 25° would be at F,′ and through 30° at F″. The dotted line D F and the interrupted line E F, representing respectively the length of the flexors and extensors when the limb is horizontal, will, when the limb is flexed forward, describe very different arcs from that of C F: thus the arc of D F will be that of the dotted line F H, and that of E F the interrupted line F I. The latter arc, F I, bisects the radii C F′ and C F″ at points not only nearer to C than the arc described by C F, but does so much nearer on C F″ than on C F′, whereas the arc F H, described from D, is of a greater circle, but starting from the same point, F, with the others, and with its centre, D, above the planes of their centres, the further it ascends the further it is beyond the other, so that when we project the line of the thigh bone from F′ and F″, which represent the position of the knee joint at these points, we have a fair idea given us of the lessening—and of the difference in lessening—of tension of the muscles from D F, in the elevations of the limb. In the same way we have shown us the lengthenings or stretching to which the muscles from E are subjected by such elevations. These lessenings on the one side and lengthenings on the other, of the muscles, would appear, from the Figure (2) to be about equal, but this is when the limb is extended at the knee joint. When we flex that joint a different state exists, owing to both these sets of muscles being inserted into the leg bones below the knee, and which revolve round the segment of the circle formed by the condyles of the femur. So that when the knee joint is bent to a right angle, the distance from E, the origin of the hamstring muscles, to their insertion is absolutely diminished an inch and a half, and the tension brought to bear on the rectus femoris in that position is fully counterbalanced by the flexion of the thigh to the line of twenty or thirty degrees from the plane of the bed. Hence, in that position of the limb, elevated and flexed at the knee and hip-joint, the muscular power to resist the adjustment of the fracture, either where the manipulation of *setting*, as in the treatment by extension, or the application of the suspended splint, is reduced to a minimum. The advantage being decidedly for the latter method, as in it the reduction is made more gradual, and the same force which accomplished it is steadily kept up in the line in which it is most efficient, whereas, in the former, new forces have to be brought into play, and they in a line at great disadvantage. [When we find, in a day or more, that the adjustment has been accomplished, that is, sufficient force has been exerted to overcome the displacing power of the muscles, we can readily relax or diminish it by lowering, so that the buttock rests well on the bed. Whereas, if at that time shortening is still evident, we can shorten the suspending cord of our splint, and so elevate the leg, and lower fragment, and make the weight of the buttock an extending or traction force. Here the suspended limb resembles very accurately the arms of a quadrant balance, the leg representing the long loaded arm, and the lower fragment of the os femoris the short arm, to which is attached the weight to be balanced or drawn on. All above what is required to raise the knee up after the heel has ceased to rest on the bed, must then be what is necessary to counterbalance such weight, or indicate the traction made on it. To carry the knee, in this instance, through twenty degrees, we found we had to use a force represented by three additional bricks, or over thirteen pounds, and to raise it ten degrees further we had to add another brick. Making in all, seven bricks, to maintain the limb in the position of suspension which we desired. Setting three of these off for the weight of the limb below the fracture, we have had a traction force of the balance, or

eighteen pounds, constantly acting, and that without inconvenience to the patient, to overcome the shortening. I think I may, therefore, claim advantage for my favorite method of treatment, both as to the quantity of force and the direction in which we can use it, all demonstrable in accordance with the strict rules of mechanics.

Medical Societies.

AMERICAN MEDICAL ASSOCIATION.

SECTION ON PRACTICE OF MEDICINE.

Report on the Necessity of Coincident Clinical and Meteorological Observations and Records in the study of Etiology; and on the Influences of Atmospheric Conditions in the Development of Bowel Affections of Children.

Dr. N. S. Davis, Ill., read his report, as follows:—

No department of Medical Science presents to the student less satisfaction than the present condition of etiology. There is a tendency to refer all acute diseases to zymotic action, and an equal tendency to indulge in hypotheses in place of facts. The prevalence of many diseases is influenced greatly by the season of local sanitary conditions.

Thus, bowel affections of children, cholera, periodic fevers, yellow fever, etc., prevail greatly in the Summer and Autumn, while pneumonia, croup, etc., prevail chiefly in Winter and Spring.

Among the difficulties in the study of disease is the absence of recorded facts, both in regard to the atmospheric conditions, and the date of the initial symptoms. We have abundance of meteorological tables, but many valuable points are omitted or imperfect. The statistics of mortality give only date of deaths, not the number of cases of the disease, nor the date of inception. In all, save, perhaps, contagious affections, we require three distinct series of observations and records, made at the same time, in a number of places, and for a series of years. One should be a complete registry of atmospheric conditions. The present reports only lack the reports on ozone and electricity.

Another series in the same localities should record the exact date of the inception of certain symptoms, in all cases of acute disease, and the date of any relapses. A third series would include a microscopic examination of the atmosphere. A comparison of these would give the exact relations of each in causing disease.

With the present aid of the signal service, this Association could easily plan and execute arrangements for such observations. Let this Section continue the committee year after year, charged with the duty of selecting from the signal stations those most important in a medical aspect, and engage in each one or more competent practitioners, to keep the clinical records in regard to the initial stage of acute diseases, and as far as possible, one to make daily microscopic examination of the atmosphere. Let this committee, from these reports, semi-annually tabulate the results and present them to this body. It is true, this would require great patience and pains from all engaged, which, above all, is what the science and literature of our profession most needs. By such work, the Sections could vastly increase the value of the work of this Association.

It was in accordance with these views that this section appointed, at Detroit, two committees, one to superintend the meteorological series of observations, the other, the clinical.

As chairman of the last, Dr. Davis opened correspondence with many practitioners, and succeeded in engaging most of them in the work with special reference to recording dates of actual inception of acute attacks of disease. He appended tables, from which it was seen that in 94 cases of bowel affections, 2 commenced in May, 15 in June, 56 in July, 14 in August, 7 in September. By comparing dates of disease and meteorological records, a striking coincidence was found between the multiplication of cases and continuous high temperature, with slight winds. The same occurred in Chicago, in the cholera of 1850 to 54. This is confirmed in a variety of ways. Changes to lower temperature and winds were marked by a check to the development of new cases.

On a larger scale of observation great accuracy would be obtained. Then the chemist and microscopist may determine whether these conditions are produced by a modification of the natural elements involved, as heat, ozone, electricity, or by the rapid evolution of specific organic germs. And we may hope for an equal advance in rational therapeutics and hygiene.

The Committee recommended resolutions of thanks to the Superintendent of the Signal Service Bureau, General Myers, and that the Committee be continued.

These resolutions were adopted, and the report was referred for publication.

Dr. Wood, Pennsylvania, had been led to the conclusion that serous fluxes are the results of impressions made upon the nervous system, and dependent upon paralytic affections of the vessels, giving rise to various changes, and probably also to an influence upon the nerves of the part. He referred to the fact that Dr. Mitchell, of Pennsylvania, had studied the effect of atmospheric changes in the production of neuralgia, and that the results of his obsevations had been substantially negative. It is probable that every one has seen cases of neuralgia with apparent connection between the state of the weather and the presence of the pain. A gentleman received a gun-shot wound, producing neuralgic pains, and finding apparent relation with atmospheric condition, he made accurate observations, and produced a

chart with pain curves and meteorological observations. To his astonishment, there was found no relation between the pain waves and the meteorological changes.

Dr. Davis.—There is much speculation as to causes of disease; so with the action of many remedies. They are authorized to be used for certain purposes, but why, it is difficult to say. So in bowel diseases of children. One idea is, that excessive heat produces them; another is, that they depend upon teething; and perhaps thousands perish yearly because of that opinion. It is reasoned that nothing is to be done while the teeth are growing. But the fact is that in the first consecutive, steady warm weather, these affections develop rapidly, teeth or no teeth. The question is, why should the teeth have any more effect at that time, if they happen to be coming, than in general. Again, if it is simply high temperature that causes the disease, it is a question whether it does so by acting on the nervous system or not. He was not sure that heat operated solely through the nervous system. He believed it acted upon each and every atom which goes to make up the nerve molecules, but it undoubtedly affects nerve action, because these atoms are a part of the organization. What we wish to get at now, is the basis upon which to form some conclusions, and he thought the time had come to use the trained men employed by the government.

Dr. Woodruff, Ind., remarked that though these diseases prevailed most in hot weather, yet they were seen most in large towns, and the cholera infantum does not seem to prevail out of the United States. He did not believe that heat alone caused these diseases. In fact, cold seemed more powerful, and we know its effects. In 1849, it was seen that the cholera was more likely to increase upon a sudden lowering of the temperature, with an east or a northeast wind. A changeable climate had been observed to conduce greatly to this affection.

Dr. Bartholow, of Ohio, liked the spirit of the resolutions, and believed the plan, if carried out, would be of great service, not only scientifically, but chemically. He referred to the Pennsylvania Hospital report. In this it was shown that when the temperature is falling, it is unsafe to operate. About the same time, Dr. Richardson, of England, was investigating in the same direction, and arrived at the same conclusions, that barometric registrations were to be consulted when an important surgical operation was to be performed, and the operation was to be postponed when the barometer was falling. Mr. Spencer Wells was about to perform ovariotomy, and Dr. Richardson addressed him a note of objections, as the barometer was falling rapidly, fearing a fatal issue. Mr. Wells, regarding it a scientific whim, operated, and was unsuccessful. He then learned from Dr. Richardson that his belief was based upon observation of many instances.

Dr. Edgar, Mo., in confirmation of what had been said, alluded to the fact that in the principal cities, as St. Louis, Chicago, etc., the average temperature is 72° for the hot season, and the water fall is over 4 inches, while in London, Paris, and Berlin, etc., the average temperature is 62° for the same months, and the water-fall is less than 2 inches. This form of disease does not prevail abroad as in the United States. The heat is much greater in the nights in cities than in the country. This exerts a prostrating influence on all, especially the feeble, the aged, and the infant. In the gulf States these diseases do not prevail so greatly; here there is a relief for the heat of night, so that often a blanket is needed.

We can do something with the facts accumulated. They convince us that heat and moisture are two factors in the production of this form of disease. Therefore, remove the child to a purer air and a less degree of heat. Then sustain the nervous system till it can gather strength to keep the machinery in motion.

Dr. Gaillard, Ky., regarded the action as rather to obtain coincident meteorological phenomena than specific phenomena. He was able to testify as far as absolute heat is concerned. He practiced in Florida; there was not a tropical heat; from May to October the average seldom was above 85°; nights cool; heavy dews, yet there was more cholera infantum upon the peninsula than perhaps in any other place in the United States. It seems a wide-spread error that heat is essential to the production of summer diseases. If we go to the extreme north latitudes, according to Dr. Hayes, we have the fact that when heat was exceedingly great, the crew were entirely free from the ordinary summer affections. Hence something more seems to be required as a factor.

At one time, it was thought that when epidemics prevailed, ozone was at its maximum, but it was found that something else was required. The ozone factor has led to an erroneous conclusion, and perhaps the heat factor is leading in the same direction. We must take coincident clinical and meteorological phenomena, and compare them.

Dr. Wood, of Pennsylvania, fully appreciated the value and importance of these matters, and favored their investigation.

As to heat, a man may survive in a dry atmosphere at 150°, while he might be overcome in a moist atmosphere at 99°.

Heat and cold are not different. There is no such thing as cold. It is simply the withdrawal of caloric. Disease may be developed whether the body is depressed or elevated above the plane of caloric on which it is pitched.

Dr. Edgar mentioned that Dr. Stone, of New Orleans, had assured him that cholera infantum prevailed but little in that locality.

Dr. Ulrich, of Pennsylvania, differed as to the effect of heat. He believed that it exerted the first influence. There is another influence which we all have seemed to lose sight of, that is light. All will probably agree that cholera infantum cannot be treated successfully as long as the rays of the sun are always in the room.

Improper food and nursing also have a powerful influence in the production of this disease. Heat is the first cause, and the others come in as secondary.

Dr. Johnson, of Missouri, did not regard heat as the prime cause of cholera infantum. He believed the health of the mother, and the tendency of the child, to act in the development of the disease. He believed that a great majority of cases were dependent upon the presence of a tuberculous diathesis.

To be Continued.

Editorial Department.

Periscope.

Surgery of the Arteries.

In an article on this subject in the *Lancet*, Mr. Maunder writes:—

Although in no instance in which I have tied an artery at a distance from the source of bleeding has hemorrhage recurred, yet success must be regarded as accidental, because, the vascular chain being broken, the effect of reaction and the establishment of the collateral circulation cannot be foretold with certainty. It may be questioned whether in the upper extremity, at any rate, ligature of the brachial would be a remedy for a small primary bleeding from the hand. Doubtless the more or less exhausted condition in which the patients are when this operation is resorted to, consequent on repeated loss of blood, tends to a successful issue from one point of view.

Conclusions.—From the above cases of hemorrhage we may conclude:—1. That no operation is to be performed when bleeding has ceased, unless a repetition of it would directly endanger life. 2. That the bleeding vessel is to be sought at the seat of injury, and to be secured, if divided, at both ends, either by a ligature or by torsion; if only wounded, by a ligature above and below the wound; or after section, by torsion. 3. That the injured vessel is only to be tied on the cardiac side of, and at a distance from, a wound in it, when the attempt to secure it at the wound has either been made and failed, or when such an attempt would be either anatomically injurious or pathologically useless. 4. That it is desirable to ligature the brachial artery, rather than both radial and ulnar, for secondary hemorrhage from the hand. 5. That ligature of the brachial, while it stops bleeding, also arrests destructive inflammatory changes caused by useless local efforts to check hemorrhage. 6. That blood flowing from the distal side of a wound in an artery, or ligature upon it, will in the lower extremity be often, in the upper extremity occasionally, venous in color. 7. That in malignant disease, when the growth cannot be removed, and it is impossible to check bleeding by milder measures, the feeding artery may be ligated in its continuity. 8. Where a part is more or less disorganized, and hemorrhage renders repair very doubtful, amputation should be performed to arrest bleeding and remove a hurtful member. 9. Indirect compression will occasionally arrest severe bleeding. 10. That both the axillary and the femoral arteries may be wounded, and the pulse felt at the extremity of the limb. 11. That a wound in an artery may be recognized by the warm blood impinging on the inserted finger. 12. That direct compression upon the bleeding point will often succeed *after* the main artery has been tied, though it failed *before;* and this fact is a justification for tying a main vessel.

Diagnosis of Disease of the Liver.

The *Doctor* says that Prof. Behier lately lectured at the Hôtel-Dieu, on the difficulties of diagnosis in certain diseases, and an abstract of his observations, by M. Dalbanue, appears in *Le Courier Médical.* He related cases in which cirrhosis of the liver had been believed to exist up to the time of death, but in which the autopsy revealed abdominal cancer or some other lesion. He says that whenever ascites is the first symptom, and is accompanied by emaciation, an earthy tint, diminution of the area of hepatic dullness, with absence of vomiting, one naturally supposes the symptoms are due to cirrhosis of the liver. On the other hand, if the ascites is preceded by obstinate vomitings which began suddenly, cancer of the stomach may be suspected. As for dilation of the abdominal subcutaneous veins, this appearance is common to both diseases. He concludes that the diagnosis of cirrhosis of the liver is more difficult than is generally supposed, and in three of his cases of cancer the characteristic aspect described by authors was replaced by the earthy tint of cirrhosis of the liver.

Nitrogenous Diet in Rheumatism.

It is stated in the *Doctor*, that Dr. Andrew, in the new volume of "St. Bartholomew's Hospital Reports," says:—

That he has submitted eight cases of acute rheumatism to nitrogenous diet, which he believes promises better results in this disease than any other treatment. The pains disap

peared on the average in 3·75 days, the longest time being 5, the shortest 2.

It is to be remarked that only young patients whose powers of nutrition are unbroken are likely to bear with benefit this powerful method of treatment, and even in these it cannot be continued very long. Dr. Parkes himself showed that the power of the heart is greatly reduced by this diet within twenty-four hours. It would seem, therefore, that such a plan is only adapted for acute cases. Nevertheless, Dr. Moss, of the Royal Naval Hospital, Esquimalt, Vancouver's Island, has applied it, though without much success, to *chronic* rheumatism, which, it appears, is very common in that island. The diet adopted was that given by Dr. Parkes, with the addition of tapioca pudding without milk or eggs. It consisted of arrowroot cakes made with butter, and sometimes with sugar or treacle. Dr. Moss gives the details of the weights and quantities. The bowels became regular, the rheumatic pains lessened, and dyspepsia disappeared.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The fourth of the series of American Clinical Lectures, published by G. P. Putnam's Sons (Fourth Avenue and 23d street, New York), is by S. Weir Mitchell, and is entitled "Rest in the Treatment of Nervous Disease." It is, to our mind, the most widely applicable of any of the series, and we commend its perusal heartily. The series, so far, is very felicitously conducted.

——Messrs. T. B. Peterson and Brothers are rapidly bringing forward their cheap edition "for the million" of the Waverly Novels. They have favored us with copies of "Anne of Geierstein," "The Betrothed," "The Pirate," etc., which revive the pleasure of the first perusal of these immortal productions. The same firm are also publishing an edition of the romances of William Harrison Ainsworth, and have recently brought out a new and very agreeable story by the well-known authoress, Mrs. Ann Stephens, called "Bertha's engagement."

BOOK NOTICES.

Proceedings of the Seventh Annual Meeting of the Canada Medical Association, held August 1874. Montreal, 1875.

The proceedings make a brief pamphlet, commencing with the address of the President, Dr. Marsden. It is chiefly occupied with some views on ethics and on the legislation requisite for the profession in Canada. The address on midwifery, by Dr. E. M. Trenholme, covers several pages. It is taken up with the theory and management of premature delivery. A singular double monster is described and figured by Dr. John Mullin. Dr. R. P. Howard read a paper containing objections to some of the recent views upon the pathology of tubercle and pulmonary consumption. He denies that the disease has a frequent origin in the ordinary process of inflammation. Dr. Archibald E. Malloch presented a paper giving several cases illustrating what he believes to be the contagiousness of enteric fever. The by-laws, etc., are appended to the proceedings.

Sex in Industry; a Plea for the Working Girl. By Azel Ames, Jr., M.D. Boston, James R. Osgood & Co. 1875. 1 vol., cloth, pp. 158. Price $1.25. For sale by Claxton, Remsen & Haffelfinger, Philadelphia.

The author of this volume was appointed a special commissioner of investigation in connection with the Massachusetts Bureau of Statistics of Labor, which gave him an exceptionally favorable opportunity to study the effects of mill labor on girls and women. His observation is, as a whole, unfavorable to it, and he believes that when the "good time coming" arrives, in which wisdom cries in the streets and *is* regarded, women will not be put at such employment. As he expresses it (in somewhat tumid language), "the normal, the God-appointed work of woman, wherein lie her full equality, her peerage, her glory, and her power, is that of the home and the mother, the rearer, the trainer, the blessing of man."

Doubtless many of the noblest of the sex of whom he here speaks will not assent to this. With other and better conditions of labor, the drawbacks shown by Dr. Ames will be diminished, and the limits now prescribed to woman's work by the laws of health may be very materially modified.

He divides his volume into three parts, Introduction, Objective and Suggestive. The observations he records are drawn from life, and are fresh and accurate, and they furnish much information on a topic which is now actively discussed, but not so actively as it is bound to be in the future. The time is not far off when it will be the question of the day.

THE

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THE LAWS OF NATIONAL DESCENT.

The laws of "transmission by descent," to which we directed attention some months back, have a much wider application than to individuals and families. They probably contain the secret of the rise and decadence of nations on the arena of world history. One after another the races of men have risen on the flood tide of civilization and sunk back again to comparative savagery, replaced and overcome by some other more highly endowed than themselves. It were easy to illustrate this from the past, but it is sufficient to quote the cotemporaneous examples of the native American, the Papuan and the Malayan races, as instances of those dying out; the modern Greeks, Egyptians, Arabians, and Italians, as examples of nationalities far behind their progenitors in energy; and the German and Anglo-Saxon communities as now masters of the situation.

The general laws relating to this physiological change in nations were discussed a few months ago, before the London Anthropological Society, by Dr. Kelburne King, in a paper entitled "On Causes conducing to the Decadence of Nations." The author maintained that the race which for the time being possesses the greatest mixture of the Pelasgian, Iberian, Celtic, Teutonic, Slavonic, and Scandinavian elements will be found in the ascendant, but that as these elements separate and the original type of the race becomes purer, it will decline in power—a theory which Dr. King illustrated at large from the history of the world.

This would seem to find in the most free admixture of blood inside of our race—the Aryan race—the secret of the greatest prosperity. In other words, the theory might be formulated that that nation is the most promising in which there are the fewest marriages between neighbors and relatives, but also the fewest between members of different races.

This formula we believe to be altogether correct, and much evidence can be brought to support it, both positive and negative. Of the latter kind we may adduce the acknowledged lack of physical stamina and frequent infertility of mulattoes and mestizoes; the barrenness of women of the Papuan race after child-bearing by a European; and the feebleness of the offspring of mixed Jewish or other Semitic with Aryan stocks. To such an extent is this latter the case in the French colony of Algeria, that a committee of the climatological society of that country has officially reported that in the matter of the acclimatization of Europeans in Algeria, alliances should not be formed with the Arab race, which is in process of deterioration and disappearance; but with the Latin races planted on the shores of the Mediterranean (Spaniards, Italians, and Maltese), which present a high degree of vital resistance and fertility.

The objection which the Jews hold to intermarriage with the Aryans is, therefore, well founded, and should be respected quite as sedulously by the latter. The neglect of such

a rule may well be one of the causes of the lesser viability of the Gentile population.

Notes and Comments.

Therapeutical Notes.

CALAMUS IN DYSENTERY.

In the dysentery of children Dr. Evers advocates the use of the following convenient mixture:—

℞.	Bruised calamus root,	℥ij
	Coriander seed,	℥j
	Black pepper,	℥ss
	Water	Oj.

Boil to twelve ounces and cool.

Dose for an adult, one ounce three times daily: for a child, one to three drachms, sweetened, if preferred.

CARBOLIC ACID INHALATIONS.

Dr. Rothe commends carbolic acid inhalations in phthisis, and gives the following formula:—

℞.	Carbolic acid in crystals,	
	Spirits of wine,	āā 2 parts
	Tincture of iodine,	1 part
	Distilled water,	10 parts. M.

Twenty-five to thirty drops to be added to one or two tablespoonfuls of water, for inhalation.

He uses the same solution for diphtheria, to paint the tonsils, pharynx, etc.

LOCAL ANÆSTHESIA

may, it is said, be obtained by rubbing for a minute the part upon which it is desired to operate, with a mixture of powdered camphor, two and a half drachms, and sulphuric ether, five drachms.

Lineard's Procedure in Retained Placenta.

In the *Gazette des Hopitaux*, February 25th, Dr. Linéard, of Caen, calls attention to the fact that he, many years ago, published a simple procedure, which he has always found as effectual as it is safe and easy, and which is also a very efficacious means for the prevention of after-pains and uterine hemorrhage. It consists in the injection of the umbilical vein with cold water. A clean section should first be made, so as to bring the vessel plainly into view, and also to shorten the cord, which should not be more than from twenty to thirty centimetres in length. A syringe, containing at least 150 grammes, and having a long fixed canula, should be employed. The colder the water used, the less is the quantity that need be injected; so that while 150 grammes suffice at the ordinary temperature of winter, twice or thrice as much may be required in summer.

Septicæmia after Ovariotomy.

The following aggressive propositions on this subject are defended by Dr. Netter, in the *Revue Medicale* of February last:—

1. The septicæmia of ovariotomists as a cause of death is a delusion.

2. Their practice founded on this false theory might be simplified.

3. The injection of an abundant quantity of warm water, to dilute and render harmless the poison, is alone required.

He states that Nussbaum has found that the injections during the first few hours are those which do good; after this the fluid effused is diluted and less irritating.

The Nature of Life.

At the London Anthropological Society, Dr. T. Inman read a paper on "Life: its Attributes and Belongings." Reviewing the unsatisfactory theories, and vague and mysterious phrases in which the subject was usually treated, the author contended that life exists as a power; shows its power in a distinctly defined method; it is essentially the same in each generation of each type of organism; and that its phenomena are constant in each genus within certain well-defined limits.

The Embryonic Difference in the Sexes.

Late researches clearly show that the distinction of sex in the human species dates from the moment of conception. Dr. von Beneden has recently shown further that, while it has hitherto been almost universally admitted that the testis and ovary spring from the same embryonic organ, which subsequently becomes differentiated with the advance of growth, his own researches among zoophytes have convinced him that the axiom of the identity of the two sexual glands has no scientific basis. He commits himself to the important generalization, that throughout the animal kingdom the testis in its origin is ectodermal, the ovary endodermal: that the epiblast of the embryo may hence be regarded as neuromuscular and male, the hypoblast alimentary, vegetative, and female. In vertebrata Waldeyer has shown that the Wolffian ducts, from which the testis is

formed, are derived from the ectoderm, by the intermediation of the axial cord; while the superficial epithelium of the ovary, from which the ovary is formed, is only a part of the peritoneal epithelium itself, derived from the middle layer of Remak, which with the inner layer is now regarded by many as constituting the endoderm. v. Beneden's conclusions thus receive confirmation in vertebrata.

Cauterization in Hydrocele.

Dr. Vallette, of Lyons, recommends cauterization for the radical cure of hydrocele, which he has practiced forty times, with success almost constant. He perforates the integuments with one of the branches of the caustic holder, which has a sharp point, and thrusts it into the venous bundle, whilst the other branch is placed behind the veins: the two grooves having been first of all filled with caustic, all brought together by means of a screw. This instrument remains *in situ* for forty-eight hours, and in a fortnight the cure is completed. In vaginal hæmatocele he traverses the pouch filled with blood with a seton dipped in caustic, and withdraws it next day; there arises after this a moderate, progressive inflammation, which gradually determines the resorption of the effused blood and modifies the walls of the sac.

The Climate of Florida.

One of the most carefully compiled essays on this topic that has yet appeared, is an address "On the Climatology of Florida," by Dr. A. S. Baldwin, President of the State Medical Society. He discusses the temperature, rainfall, and prevailing winds, drawing his information partly from numerous original observations, and partly from works published by the government and Smithsonian Institution. Little is said of particular diseases, as that does not come properly under his subject. The assertion, however, (p. 18) that malarial diseases in Florida are "of a mild form and easily managed," neither squares with the reports of unbiased medical men, nor our own observation. The address is neatly published, in pamphlet form, by Walter, Evans and Cogswell, Charleston, S. C.

Modern Palmistry.

Every one knows that the gipsies tell fortunes by examining the lines on the palm of the hand, which are different in every person. A new use is to be made of this ancient art of palmistry. Mr. W. B. Woodbury recommends that for purposes of identification (of criminals, for example) it is only necessary to get a distinct photograph of the palm of one hand, taken in a strong oblique light, so as to bring out the markings strongly. This will be found a map, he says, never alike in two persons; no disguise short of actual disfigurement can do away with the difference.

The Limit of Acoustic Power.

The normal limits of the sense of hearing is one of the subjects to be discussed next September, in the International Congress at Brussels. A very interesting study of a branch of this inquiry has recently been published in the Proceedings of the American Association for the Advancement of Science. The experimenter, Dr. Laurence Turnbull, of this city, aimed to determine the limit of perception of musical tones by the unaided ear. His results showed that the highest musical tone obtained in a normal healthy ear does not exceed over forty thousand vibrations in a second. In every instance of persons over fifty years of age, some deterioration in the auditory apparatus was noted. Where no defect was present, musical perception was sometimes wanting.

Correspondence.

Nervous Exhaustion in the Aged.

Ed. Med. and Surg. Reporter:—

I was called, April 11th, 1874, to see Mrs. D., æt. 68. She was reported as having been feeble for a long time, and was unable to help herself in the least, and I was sent for to see if any relief could be afforded, the family seeming to think she was likely to die any moment from old age. Of course it would not do to permit this without the previous attendance of some medical man, to take the responsibility. I found her thin, emaciated, feeble, skin cool and pale, tongue clean, intellect clear, sight and hearing good for the age, pain in the chest walls and in the head, great vertigo at every effort to raise the head, no appetite, but would take food, and it seemed to digest well; bowels regular, moving once or twice every 24 hours; stools apparently normal; she could turn herself in bed by considerable effort, but the effort seemed to increase all her symptoms of feebleness. The pulse, to my surprise, beat but 24 times per minute, and very weak. The ear over the heart confirmed the number of contractions to be only 24 per minute. Was this due to sheer nervous exhaustion or to organic lesion in the nerve masses controlling cardiac and respira-

tory action? Further inquiry proved that she had, during the morning, had several convulsions. Were these due to organic nerve lesions or to want of nutritive and blood supply to the nerve centres? Convulsions precede death, caused by hemorrhage or inanition. They also originate from, or are produced by serious central nerve changes. Which condition was the cause of the convulsive phenomena in this case? If the latter, then time alone was all the medicine needed; as it was evident that she could not, in her enfeebled state, ever outlive serious organic changes in any of the principal nerve centres. Anodynes might relieve pain and smooth her pathway to the grave, but nothing more than that, except the probability that they would likely abbreviate her short stay, by interfering with her greatly enfeebled, or rather diminished, nutrition.

I did not, however, believe this was the correct view; I found no paralysis, or paresis, in any part or in any of her five senses, and the intellect was perfectly clear, pupil normal. Mentally I pronounced it a case in which the nervous system was starving to death for want of the aliment needed for its sustenance—*inanition of the nervous system*—in short, I directed the treatment in accordance with this view. I should have remarked before, that the urine passed off involuntarily during the different convulsions which had already and did afterwards occur. I gave the following:—

℞.	Zinci. phosphide,	grs.vj	
	Strych. sulph.,	grs.iss	
	Acid arsenious,	grs.iij	
	Caffeine cryst,	grs.xv	
	Quiniæ sulph.,	grs.xx.	M.

Ft. pil. xxx.

Sig.—One every four hours.

℞.	Ammoniæ carb.,	ʒj	
	Mucilag. acaciæ,	ʒiv.	M.

Sig.—Teaspoonful, with a little water, every four hours.

In addition to the above, I gave, as a cardiac and respiratory stimulant, the following:—

℞.	Atropiæ sulph.,	gr.ss	
	Aquæ,	ʒiv.	M.

Sig. Give six drops every four hours, to be given with the dose of the carbonate of ammonia.

In the above recipes we have, I believe, the best nerve tonics and stimulants, combined so as to be easily taken, and in my experience, we have in atropia the most powerful cardiac and respiratory stimulant known to the materia medica. The nitrite of amyl was to be inhaled whenever the convulsive seizures should occur. This seemed to act admirably in cutting them short or abridging their duration, probably also in causing them to come on with less frequency.

The diet was oatmeal gruel, oyster soup, made with milk, also milk, eggs, and bread. Of some of these she took a small quantity every two hours. Strict quietude enjoined. In the above plan of treatment there was not the least change for eight days, and during this period there was very marked improvement in strength and appearance, as also in the circulation, the pulse now being 48 to 52, with increased strength and volume.

At this date intense pain occurred in the right pleura and left temple, evidently neurotic pains, as there was no sign of any inflammatory changes in either location. An anodyne seemed to be called for loudly; but, should I give it, I feared that it would so much interfere with nutrition and the proper assimilation of the food taken, as to bring the patient back to the point where I had found her a week before. Local applications to relieve the pain were ineffectually resorted to, and after the pain had continued for twelve hours quite severe, I gave morphia acet. gr.$\frac{1}{3}$, every two hours, till relieved. In all, she took three-eighths of a grain. On visiting her next morning the change I had feared had actually taken place; appetite gone; has great nausea; cannot take food or medicine; is again prostrated; the pulse being down to 34, and the convulsions frequent. The day was spent without her being able to take anything but the atropia. By the next morning (10th day) the effects of the morphia had disappeared, and she was able to resume the original plan of treatment, which she did willingly. The pain did not return. From this date the improvement was steady and satisfactory in every respect, the patient going on to complete recovery, becoming as well and smart, physically and mentally, as almost any one at her age, the whole time of treatment occupied being about five weeks. It will be observed, I think, that the treatment was almost wholly directed to toning and stimulating the nervous system. The phosphide of zinc, I think, was a very important agent in the above prescription, and it will be observed that the diet was composed of articles of food that have the phosphatic elements in abundance. This is essential in these cases. "What iron is to the blood, phosphorus is to the nerves" (Routh). The effects of the anodynes used to relieve the pain is worthy of note. Inasmuch as it often produces such great disturbance or interference with the process of nutrition, it would, I think, often be wise to resort to some other form of anodyne, or otherwise leave the pain to its full sway, as it will likely result in less harm than would be done by the opiate. This is especially so in old people, and in those of a high nervous organization. Proper nutriment, and the perfect assimilation of the same, is an object that should well take the lead in cases of this class, while tonics and nerve stimulants should be carefully and judiciously administered.

T. Curtis Smith, M. D.

Middleport, Ohio.

—A colored nurse in North Carolina tried to poison a child by spreading quicksilver on its bread.

News and Miscellany.

Monument to Dr. Horace Wells.

A circular has been issued in reference to this subject, from which we take, at request, the following:—

The Legislature of Connecticut, some two years ago, appropriated five thousand dollars for a monument to perpetuate the memory of Dr. Horace Wells, and the city of Hartford a like sum; and under the direction of a Committee, a colossal statue, in bronze, of Dr. Wells has been executed by Truman H. Bartlett, Esq., and will soon be ready for erection on some commanding site in the beautiful Park in the city of Hartford, where the discoverer lived, where the grand idea which was to embalm his name and memory in the hearts of his fellowmen everywhere, had its birth, and where his remains now rest.

It is upon the pedestal, which should be also of bronze, and its ornamentation, that any further funds will need to be expended. This will admit of high and costly adornment, in bas-reliefs, in inscriptions, etc., suited to exemplify the uses of the discovery, at the same time that it commemorates the discoverer; and, we are informed by the most competent judges, will admit of large outlay without transcending the limits of a severe and correct taste.

In view of this circumstance, and of the fact, also, that, as the subject has been more freely canvassed, an earnest desire has been expressed in many quarters, both in and out of the State, to take part in this undertaking, it has been thought to be expedient, for the purpose of gratifying this wish, and in order to make the work itself more nearly represent the character and value of the service rendered to mankind by Dr. Wells, to receive such subscriptions from physicians and dentists abroad, and through their agency from the public in the various parts of the country, as they may feel disposed to make. Our appeal is made primarily to the medical faculty and dental profession, not so much because they have a higher personal interest in the subject than others, but because they, of all men, best know the inestimable value of this discovery to the race.

The Committee who submit the foregoing represent the Medical and Dental Societies of Hartford, and, in so far as our object shall meet the views of our brethren elsewhere, we respectfully ask from them such friendly aid pecuniarily, as they may think proper to give us, and especially that they take such measures to bring the subject to the notice of their friends and the public as, in their wisdom, they shall consider most likely to receive a favorable response.

Letters of inquiry may be addressed to Dr. E. K. Hunt, Chairman of the Committee of the Hartford Medical Society. Subscriptions may be forwarded to Dr. G. W. Russell, Treasurer, Hartford, Conn.

E. K. Hunt, M. D., M. Storrs, M. D., Jas. Campbell, Jr., M. D. } Committee of the Hartford Medical Society.
Dr. Jas. McManus, Dental Committee.

Hartford, Conn., February 15th, 1875.

Prize Essay.

At the Annual Session of the Medical Association of the State of Alabama, held at Montgomery, April, 1875, Dr. S. D. Seelye, of Montgomery, after some remarks regarding the increasing frequency with which cases of Bright's Disease are brought under medical care in this section, the unsatisfactory though extensive literature of the subject, and the generally fatal prognosis which we are obliged to give, and believing that there is still some hidden light that may be made to illumine the subject if attention and inquiry are turned especially to it, proposed to place in the hands of this Association a prize of one hundred dollars, for the best treatise on this disease, under the following regulations, viz:—

1. Competition for the Prize to be open to the whole country.
2. A committee to be appointed to adjudicate upon the essays presented.
3. All essays to be forwarded to the chairman of said committee on or before the first day of February, 1876, and to be accompanied by a sealed letter containing name and address of the author, which letter shall not be opened until after the adjudication is made.
4. The Prize Essay to be the property of this Association, and to be published in its Annual Volume of Transactions, and all unsuccessful papers to be returned to the address of the authors; honorable mention being made of any deemed of especial merit.
5. If none of the Essays presented are deemed worthy of the prize, the committee shall have the privilege of rejecting all, in which case the competition shall be open for another year.
6. The prize shall be one hundred dollars in currency, with a certificate of this Association, suitably inscribed and bearing the seal of the Association; or it will be wrought into a Gold Medal or plate, with a suitable legend, and a fac simile of the seal of the Association engraved thereon, to be of the full value of one hundred dollars, less the price of manufacture, at the option of the successful author.
7. The adjudication shall be publicly announced at the next Annual Meeting of the Association, to be held at Mobile, during the second week in April, 1876.

The above proposition having been accepted by this Association, it now invites from the thinkers and investigators of the profession at large the generous competition which its author invokes.

Committee of Adjudication.—Dr. Jerome Cochrane, Mobile, Ala., Chairman; Dr. J. B.

Gaston, Montgomery, Ala., Dr. W. H. Anderson, Mobile, Ala.; Dr. Peter Bryce, Tuskaloosa, Ala.

BENJ. H. RIGGS, M.D.,
Secretary M. A. S. A., Selma, Ala.

New Property of Glycerin.

R. Godeffroy, on examining a chemically pure glycerin, found that when heated to 302° Fahr. it took fire, and burned with a steady, blue, non-luminous flame, without diffusing any odor or leaving a residue. The glycerin had the specific gravity 1·2609. This property enables glycerin of lower specific gravity to be burned by means of a lamp wick.

Personal.

—The New York *Nation* says:

Two recent appointments in the University of Zürich seem to merit notice, as signs of the times. One is that of Professor W. Wundt to the chair of philosophy, the other that of Professor E. Hitzig to the chair of psychology. Wundt has long been engaged at Heidelberg, first as assistant, then as "ordinary" professor of physiology, whilst Hitzig has been a medical practitioner and lecturer on electro-therapeutics in Berlin. So far as we know, the latter has written nothing on purely mental science. His discovery of the irritability of the surface of the brain is his chief title to fame; all that he has written shows erudition, great experimental thoroughness, and conscientiousness in drawing inferences. Wundt is one of the most learned of German investigators. His own special work has lain in the senses and nervous system.

—Colonel J. H. Baxter, chief medical purveyor United States army, recently graduated from the law department of Columbian University, was, on motion of Walter S. Cox, Esq., May 31, admitted to the bar of the Supreme Court of this District.

—Dr. Mary Putnam Jacobi, has received from Paris the bronze medal awarded three years ago by the Academy of Medicine for her graduating thesis. This gives her rank of from fifth to eighth in a class of three hundred, for of that number of theses four were awarded gold and four bronze medals, and seven more received honorable mention.

—We regret to observe the decease, by consumption, at Albany, Ohio, of Dr. J. Q. S. Hudson, a contributor and long-time friend of this journal.

—Dr. H. Genet Taylor is secretary of the Camden County Medical Society, not of the New Jersey Medical Society, as stated in our last.

Items.

—It is stated that in Memphis the demand for morphine has become so large that the local druggists are considering the propriety of not selling the article unless upon the order of a physician or to a well-known citizen.

—At a recent meeting of the Academy of Natural Sciences, in this city, Mr. C. N. Pierce stated that he had found in the decayed nerve fibre of sound teeth, simple microscopic forms of animal life, living vibrios and bacteria. As there had been no communication with the outer air he could not account for their presence.

QUERIES AND REPLIES.

Morphia Hypodermically.

In answer to Dr. R. M. H., in your issue of May 29th, I would inform him that I have used, for many years, Magendie's solution of morphine, with the addition of ten grains, by weight, of Price's glycerine to each fluid ounce of the solution, for hypodermic use, and in not one instance have I found it to produce the slightest ulceration or irritation on the most delicate skin. Moreover, the glycerine prevents the needle from becoming rusty or corroded. I may also add that I never prepare more than half an ounce of the solution at one time, thereby preventing all flocculent deposits.

CHARLES CARTER CRANMER, M. D.
Saratoga, N. Y.

Dr. H.—I give you the following formula, as used by Dr. Roberts Bartholow, and which I have used with success:—

R.	Morphia sulph.,	grains xvj	
	Atropia sulph.,	grain j	
	Glycerine,	drachm j	
	Aqua destil.,	ounce j.	M.

Sig. Five to ten, or fifteen minims.

Covington, Ky. J. A. AVERDICK, M. D.

Dr. K. L., of La.—A copy of the English Contagious Diseases Act, relating to venereal diseases, is not just now at hand. But some of the results of such Acts will be reviewed editorially in an early number.

Dr. N. McB.—Where, and at what price, can Dr. Benj. W. Richardson's Cantor Lectures be obtained?

Reply.—They have not been published separately.

MARRIAGES.

MARDEN—CHANDLER.—In Charleston, S. C., May 1st, Dr. A. L. Marden, of Weathersfield, Vermont, and Aurilla M. Chandler, of Presque Isle, Maine.

MARTIN—CRUTCHER.—May 26th, by Rev. J. W. Cullom, Dr. J. B. S. Martin, son of Dr. J. P. Martin, and Miss Lizzie Crutcher, both of Cookeville, Tenn.

POWELL—IRWIN.—On Thursday, May 29th, at the residence of the bride's parents, by Rev. Dr. William Ormiston, Dr. Seneca D. Powell, and Lizzie, only daughter of Robert Irwin, Esq., all of New York.

SHIVERS—DAVIS.—On Tuesday, May 25th, in the private parlor of the Bingham House, Philadelphia, by Rev. James G. Shinn, Dr. Samuel G Shivers, of Berlin, New Jersey, and Miss Essie B. Davis, of Glendale, New Jersey.

DEATHS.

LOCHENOUR.—Dr. Daniel Lochenour, of Easton, Pa., on June 1st.

THOMAS.—In New York, on Thursday, May 27th, Sarah Willard, only daughter of Dr. T. Gaillard and Mary T. Thomas, aged 9 years and 3 months.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

On So-Called Typhoid Fever.

By R. G. Allen, M.D.,
Of Washington, Ill.

(*Concluded from No. 954.*)

Pathological Lesions.

It is claimed by a majority of writers on typhoid fever, that the glands of the ileum and mesentery are always found more or less diseased in this fever, and very seldom from any other, and we find Wood using this emphatic language as proof of the assertion: "But there are certain anatomical changes which are especially characteristic of enteric fever, and which are so seldom wanting, that they may be considered essential. Such is the affection of the elliptical patches of aggregated mucous follicles in the ileum denominated the glands of Peyer. This is quite as characteristic of the disease in question as the peculiar pustular eruption is of small-pox. *It has, in fact*, come to be regarded almost as a necessary post-mortem test of the existence of the disease." Were these assertions true, anatomical investigation proving them correct in every instance, then we would be compelled to accept them as true, and say typhoid fever, being a specific disease, has specific lesions, which do not exist in any other disease. From these views I dissent, for several good reasons. First. The anatomical search does not make these lesions universal. Second. That in diseases diagnosed and treated entirely different from that fever, post-mortem examination has revealed a diseased condition of these glands; and, Third. That cases possessing many of the prominent symptoms of this fever during life, gave no evidence of severe disease of these structures when examined after death. Hence it cannot be claimed as true that these glands are affected in no other disease than typhoid fever.

To illustrate these views, we will give facts which are founded upon investigations made upon subjects dying from various diseases.

Case 1. On the 17th day of December, 1843, Mary L., aged 22, sought medical advice from an old and experienced physician: being present, I noticed that she presented a fine physical development, and she gave the following history of her condition: On the 9th of December, after having worked pretty hard, washing and scrubbing, she had a severe chill, which lasted, she thinks, at least three hours. On the 10th she felt somewhat better, but still complained of lassitude, loss of appetite and slight headache. On the 11th the feelings of discomfort increased, so that at night, before retiring, she took a warm bath, and drank freely of warm pennyroyal tea; this produced a copious perspiration, and gave her a tolerable good night's rest. On the 12th, headache still present, no appetite, bowels regular, at bedtime took a dose of aloes and whisky, kept as a domestic remedy, for a purgative; this moved her bowels freely. On the 13th she still felt no better; at night another dose of the purgative, which acted twice, well. On the 14th she felt so unwell that she was compelled to lie down the most of the day; at night repeated the bath and tea; had profuse sweating. On the 15th complained of feeling sore all over, and

especially across her bowels; applied hot fomentations to her bowels, she thinks with slight relief. On the 16th had some fever, the first she had noticed; thinks it was highest in the afternoon. On the 17th she was brought to the office for treatment; she was well developed; cheeks purple flush; hebetude of expression; had epistaxis twice before she was seen by the physician, and it came on while in the office; complained of feeling very weak, and of general soreness; there were three spots, indicative of the eruption characteristic of typhoid fever, one on the upper portion of the breast, the others in close proximity, near the umbilicus; after having made a careful examination of the case, the diagnosis was typhoid fever, an opinion which I deemed correct. Fomentations of hot water, having whisky and laudanum freely added, were ordered to be constantly applied to the bowels, and as her bowels had been moved freely, a Dover powder was given at bedtime, with instructions to keep quiet. She was treated on the expectant plan, no medicine being given, unless actually indicated. On the 22d there was a copious crop of rose-colored spots all over the abdomen, whether produced by the fomentation, or as a result from the disease, it was not determined; sudamina was present all the time; the pulse never exceeded 109, until the 29th, when it ran up to 143; hebetude of countenance increased daily; the purple blush increased; there was tympanitis after the 18th, which never disappeared, although emulsions of turpentine and other remedies were given for it; the mind remained clear until the night of the 28th, when there was some delirium. On the 29th she complained of severe pain through the bowels, the stupor increased, and she died comatose on the 29th, twenty days from her first complaining of indisposition.

Autopsy was made thirty hours after death; peculiar conditions attending the case forbade its being done sooner. From the comatose condition at death, an examination of the brain was deemed advisable. Strong adhesion of dura matter; nothing abnormal in arachnoid membrane; in cutting through cerebral substance, a good many dark red spots were observed; the large veins between the convolutions were more or less congested; in the posterior lobes of the cerebrum there was about an ounce of dark-colored liquid. There was slight inflammation of the lungs; the heart looked healthy in every respect; the gastric mucous membrane presented no observable lesion, except being slightly reddened; the duodenum was in appearance similar to that of the stomach; the glands of Bruner were in no-wise diseased; the small intestines were considerably distended with flatus, and contained a dark liquid matter. Very careful examination was made of the elliptical plates, but no enlargement or the slightest evidence of ulceration was present; a portion of the bowel, from the ilio-cæcal valve, for four feet upward, was cut out, carefully washed and placed under the microscope, but no additional information was obtained. The mucous membrane of the large bowel was healthy throughout; the spleen was slightly enlarged and presented a bluish color; the liver was healthy; so were the kidneys; the uterus and appendages were healthy. We were at a loss, after this very careful autopsy. We expected to find the glands of Peyer and mesentery inflamed, ulcerated, and from the pain simulating peritonitis, perforation of the bowel, letting the contents into the cavity, producing peritonitis; none of which were discoverable; the question then is, what disease was it that produced death. Was it meningitis, cerebro-spinal meningitis, or could death result from the slight evidence of disease we found in the lungs? Bartlette tells us, that "Louis once mistook a case of central softening of the brain occurring in a boy for typhoid fever." If this was a disease of the brain, why such little manifestation during life? It was not typhoid fever, as taught us in hospitals and from books. I have stated facts, and the reader may draw his own conclusions.

Case 2. Samuel L. H., aged twenty-eight, called at the office of the same physician, on the 3d of January, 1844, complaining of feeling unwell; he had ridden some five miles on horseback, and seemed much worried; he said he had never felt better than he had through the holidays; was disposed to believe that the worry and excitement was the cause of his feeling so badly; with the exception of a wearied look, he seemed in vigorous health; he was given a careful examination, which gave a negative result, and he was advised to return home and take a thorough rest, and be very careful of himself, and if not better in a week to report at the office again. He acted on this advice and returned home; four days after this the physician was called to visit him, and he

had me go with him. When we arrived at the house, we found him sitting by the fire; complained of some headache, had several spells of nose bleeding, and thinks he has had slight fever of evenings; expresses himself as not feeling very sick, yet unable to attend to business; has a wearied look, and says his bowels have not acted for the past two days; pulse 90, and feeble; breathing natural; placing the ear to the walls of the chest, we find no abnormal sound; examined his chest and abdomen for any eruption that might be present; found none; urine has rather a high color: not being satisfied with the examination, held our diagnosis in abeyance until our next visit: as there had been no action on the bowels, and as he had headache, and urine high-colored, we felt safe in giving him,

℞.	Mass. hydrarg,	gr.xx
	Pulv. ipecac.,	gr.j
	Bicarb. soda,	gr.x.

To be taken at two doses, four hours apart, and unless the bowels were freely moved, he was to take a saline purgative; left also pulv. doveri, twelve grains, to be taken in hot tea; after the free action of the alterative and purgative, to have tepid bath daily, and well rubbed off, and to keep his bed. January 9th visited him again; the pills and purgative had acted well, passing off considerable bilious vitiated matter; skin moist; tongue slightly coated with a white fur; headache, if anything, a little better; has a loathing of food; seems disposed to sleep; talks but little, unless it is solicited; his cheeks have a dark purplish hue; pulse 96, feeble; complains of no special pain; thinks if he could get a good sleep he would feel much better; his mother says he has slept well all the time; on making pressure over the right iliac region, we could very plainly feel and hear the gurgling spoken of as pathognomonic of typhoid fever; the lungs, as far as we were able to judge, were in a normal condition: not being satisfied, we still held our opinion to ourselves; repeated the prescription, ordering mustard draughts to the back of neck and over the superior portions of the lungs, and to be repeated every eight hours; left him also a mixture of paregoric, nitric ether and vin. ipecac., to be taken every two hours after the action of the purgative, if he has fever and skin dry. February 10th the pills and purgative had acted as at first; skin moist; tongue cleaner; urine less colored; pulse 102, feeble; the cheeks had assumed a dark crimson color; has had nose bleeding quite freely; hebetude of expression; won't talk unless spoken to sharply; eruption very visible over chest and abdomen; gurgling on pressure; no cough; had none during his sickness; bowels to-day quite tympanitic; pronounced it typhoid fever; ordered stimulants and to have nutritious food to be given frequently. On the 10th of January the eruption has nearly all faded away; patient weaker; stimulants and food seem to have no beneficial effect; there is almost constant stupor. On the 20th of January the patient died: permission was obtained to examine the body, excepting the brain. The lungs were vividly red, with considerable œdema; the tissue was very friable, with evidence of congestion in posterior parts; the heart was in a normal condition, but there was blood, quite dark and thick, in the cavities; the mucous membrane of the stomach was healthy; the mucous membrane of duodenum, extending to the cæcum, presented an entirely healthy appearance; the liver was larger than natural and quite soft and flabby; the spleen was slightly enlarged and presented a peculiar bluish color; the kidneys were healthy. In this case we had the typhoid prodromus, the typhoid expression, the typhoid eruption, the typhoid gurgling, and yet not a particle of disease manifest in the glands of Peyer, Bruner, or mesentery.

Case 3. Peter B., aged forty-three, possessing fine physical development, addicted to excessive drinking, at least once each month, remaining in this inebriated condition generally about one week; in the intervals was a hard working and industrious man. In May, 1844, during one of his monthly sprees, he was picked up from a fence corner in an exhausted condition; from the condition in which he was found, it appeared as though he had cholera morbus, as he had vomited freely, and his bowels had acted excessively, rendering his condition filthy in the extreme; his breathing was hurried; pulse 113, and very feeble; his breath smelt strongly of whisky. Very little information could be obtained from him as to his previous condition; a saloon keeper testified that he had left his room at 11 P.M., and that he did not notice anything unusual in his appearance or actions; the best information that could be obtained rendered the opinion plausible that he had taken an excess of liquor and food, causing the disturbance of the bowels; as it was about his

usual time to sober off, and from his weak condition, and from his bowels still being too free, a mixture of whisky, capsicum and laudanum was given him, to be repeated as often as might be necessary to stimulate and control his bowels. Saw him two hours afterwards; had taken two doses of the mixture, no movement from the bowels after first dose; pulse 121, feeble and intermittent; feet, legs and arms cold; had them thoroughly rubbed with hot whisky, capsicum and camphor, and wrapped in hot flannel cloths; gave him freely of egg-nog; omitted laudanum; breathing hurried; to have some good soup if it could be given him; called again in two hours and found him dead, having died about an hour after I left.

Autopsy eighteen hours after death. The brain was not examined; the lungs presented a highly vascular appearance; the vessels were not so full of blood as appearance would indicate; the blood was very fluid and pale; the heart seemed healthy, though empty; the stomach presented a reddened appearance; the mucous membrane of the entire canal was much inflamed; all the glands were enlarged and inflamed; and several of the elliptical plates of the ileum were ulcerated; one especially had a very ragged appearance, and from the loss of integument, would have soon perforated the bowel; the mesenteric glands were also enlarged; the intestines had but little in them, what there was was a very thin fecal matter, having usual smell; the liver was fully one-third larger than natural; both surfaces were hob-nailed; was easily broken down; the color was a bluish bronze; the spleen seemed healthy, though it contained more blood than expected; the kidneys were healthy; the bladder contained but little urine and seemed shriveled.

Case 4. Andrew A., aged thirty-one years; laborer by occupation; usual weight 165; sandy complexion; compact built man; habits temperate; was taken sick in May, 1844; attributes his sickness to having been thoroughly wet, and allowing his clothes to dry on him; had a severe chill, which he thinks lasted fully an hour; feels sore all over; has intense headache; pulse 116, full; fever supervened upon the chill leaving him, and he thinks he has had more or less since; saw him the first day of his illness; blood to the amount of twenty ounces was taken from the arm, followed by copious sweating; his head felt decidedly better from the bleeding; gave two powders of calomel, antimony and soda, to be followed in six hours after the last powder with sal. epsom, sufficient to move the bowels freely; after free movements from the bowels to have quinine, ipecac, nitrate potassa, every four hours.

Next day found him easier, and the two first powders had purged and vomited him freely, throwing up large quantities of bile and undigested food; the powder acted eight times freely; the salts had been given, which produced seven more free liquid stools; skin moist; tongue heavy yellow coat; conjunctiva very yellow; skin yellowish tinge all over; pulse 101, soft and full; to have quinine, dovers, and nitrate potassa, every four hours; his underclothing to be changed, also bed-clothing.

Next day found him better in every respect; as his bowels seemed to be too free, gave quinine, opium, camphor, one powder every four hours; to have some light food if desired.

Next day still better; pulse 89, full; as his bowels seemed to be better, omitted opium, and gave quinine, camphor, dovers, every four hours.

Next day better; feels as though he could sit up; advised him to keep in bed and quiet for several days; pulse 84, soft and full; skin normal; had two actions from the bowels, healthy; urine healthy; says he feels first-rate; omitted camphor and dovers, and gave two grains quinine every six hours, and discharged him. Seven days after discharging him was called to see him again; had been up; been eating quite hearty for several days; says he never felt better; only weak up to to-day; has considerable fever, with disposition to vomit; finds it hard to retain anything on his stomach; gave him creosote, spts. ammoniæ, ar., and aqua; applied mustard drafts over stomach and bowels.

Next day found his stomach quiet; has vomited but twice since yesterday; has more fever; pulse, 111; seems chorded and weak; mind wandered considerable through the night; tongue dry and parched; thirst urgent; skin dry; urine rather pale; gave him cal. ip. soda, alternating with sulph. ether co., nitric ether and camphor water; the surface to be sponged with warm soap-suds, having some whisky in it.

Next day, no better; delirium almost constant; pulse 123 and very weak; bowels moved twice, rather freely; tongue still dry; urine the same; had the posterior part of his head shaved, and applied a blister, extending it

down the vertebra at least eight inches; to have quinine, camphor, and nitrate of potass, with food as much as he will take; to have whisky toddy freely.

Visited him in the evening; the blister had drawn well, and vesicles opened and dressed as I directed, with a cold clay cap; pulse 132, very feeble and intermittent; omitted all medicines and ordered the stimulants and food continued; he was stupid, in fact comatose, and he died in a strong convulsion about 11 P. M. The case presenting some anomalous conditions, request was made for post-mortem examination, which was reluctantly granted. The brain presented no special lesion; evidence of slight inflammation; the membranes, vessels and substances were carefully examined, but nothing abnormal was discovered. The cord was examined below the cervical axis, presenting no abnormal appearance. The lungs gave no evidence of fatal disease; the middle lobe of the right lung had a slight yellow color; the vessels were only moderately full; the tissue of the right lung was slightly crepitant. The heart was of normal size; the flabby valves supple; no excess of blood. The liver was enlarged, and had a peculiar bronze color, very friable; the gall bladder was moderately distended. The stomach presented an inflamed condition, and seemed studded with glandular enlargements; this peculiar condition extended through the entire canal; the glands of Bruner, the glands of Peyer, and the mesenteric glands were very much enlarged, and the elliptical plates were extensively ulcerated. The kidneys were normal; the spleen was larger than common; the bladder was contracted, and was quite dry, not to exceed a teaspoonful of water in it; this case was diagnosed and treated as bilious fever.

Case 5. Henry G., aged 19; light complexion; square build; weighs about one hundred and forty pounds; never has been sick before; this case was in every respect about similar to case four; death supervening on the thirteenth day; post-mortem the same, at least so nearly so, that there was no pathological condition that would give any more satisfaction. This case was diagnosed and treated as bilious fever.

Case 6. John P., aged 63; man of fine constitutional vigor; had, when 40 years of age, a severe attack of pneumonitis, and with the exception of slight colds, has enjoyed good health before and since the attack; farmer by occupation; man of very temperate habits; two or three days before I was called, his appetite was not as good as usual, and he had some headache and soreness, yet he kept at his work, plowing corn; was called to see him June 5th; he then complained of feeling very sore all over, as he expressed it; some headache; very dizzy on stooping; conjunctiva yellow, tinge of skin the same; had taken ten doses of cathartic pills, but did not derive much benefit from them; pulse 97, full and strong; urine high colored; says he has had fever for the past three days; skin dry and harsh; gave him a full dose of cal. rhei and soda, to be followed in four hours with a saline purgative, and after the operation of the medicine, is to take a full anodyne of pulv. doveri, in hot tea. Next day found that the purgative had acted finely, and that he had five large and bilious stools; some of them, he says, were as black as coal, and quite consistent; skin more relaxed, with slight moisture; coat on tongue looks a little heavier, if any change; still very yellow; skin about same; urine high-colored; pulse 99, full; fever seems higher, to judge from flush on cheeks; not so sore; thinks he feels better; fearing some pulmonary complication, and the pulse warranting it, I drew from the arm twelve ounces of blood; he broke out into a copious sweat, and about half an hour after bleeding he fainted, but soon rallied; headache less; no soreness; repeated the alterative powder, to be followed by ol. ricini in six hours; left another Dover's powder, to be taken as at first. Next visit found that the purgative had acted very finely, and he had seven stools, all except the last very bilious; skin very moist; pulse 88, soft; tongue decidedly cleaner; no headache. Gave him qui. opii and nit. potassa every four hours, omitting the midnight powder if he rests well. Next visit, better in every respect; as the skin was acting too free, omitted opium and potash; gave him a solution of qui. and sulph. acid ar., teaspoonful four times daily, and discharged him. He recovered so as to visit a neighbor two miles distant, on horseback, in about a week after I left him; on returning home was caught in a thunder shower, and got a pretty good soaking; ten days after that, he commenced to cough; next day spat up the characteristic sputa of pneumonia, rust-colored; complained of pain in the right lung, and had considerable dyspnœa, and sent for me. I found him with high fever; pulse 116, and

feeble; lips purple; cheeks purple; countenance anxious; breathing oppressive; to relieve the congestion, I tied up his arm and bled him, and with my finger on the radial artery, watched carefully the pulse; it seemed to increase with the flow until eight ounces were abstracted, when it commenced to get weaker, and the bleeding was immediately stopped, and the arm tied up; he came near fainting, but the use of stimulants prevented; he rallied finely; pulse before I left was below 100; his age, previous illness, debilitated condition, forbade my using depletives of any kind, and I put him upon qui. carb. ammonia, nit. potass., powder every four hours. The next visit he seemed much better; omitted the potash, and kept him on qui. and ammonia. Next visit, found him decidedly worse; complained of great distress in bowels, and was occasionally delirious; bowels had acted sufficient; could find no cause for the change, and he died that evening, in deep stupor.

Permission was obtained to examine the body; the head they did not wish touched; consequently the brain was not examined; old adhesions were found to a considerable extent, in the pleura of the right lung. The lungs were much engorged, and hepatization existed to a large extent of right lung; the vessels were full of dark grumous blood, and were very easily broken down; the heart appeared normal in all respects; the liver was normal in size, but the color was a bronze, yellowish cast, and yellow fluid exuded from it; when cut through, it seemed firmer and tougher than usual. The gastric mucous membrane looked healthy; the mucous membrane of the intestines gave evidence of inflammation, which increased as we went down; the glands were enlarged, inflamed, and in the elliptical plates were ulcerated; several of them were ulcerated to the extent of one nickel piece. The kidneys were healthy; one was considerably smaller, yet seemed in every way healthy; the bladder contained much urine, and seemed healthy; the spleen was enlarged, and of bluish caste. This case was diagnosed and treated as bilious fever in the first attack; pneumonitis in the second attack.

Case 7. Wm. T., aged, 23; good constitution; naturally, strong, well developed young man; had been engaged chopping cord-wood on the river bottom, and as a contractor. Intermittent fever, from exposure; was seen twice by Dr. T., and had regained his usual health, so far as warranted him to commence his work; in two weeks after his first attack, he had, he says, a very severe chill; felt burning up and freezing at the same time (paradoxical as it may seem), and after lying nearly all day in his hut, and feeling better, he concluded he would go home, which was some six miles, and on the uplands; the next day, about the same time in the day, he felt another chill, and experienced pretty much the same feelings, until he remembered nothing more until after midnight; the attendants say, that two hours after he commenced complaining, he became flighty, and finally fell into a stupor, from which no attempt was made to rouse him; hot bricks and jugs of hot water were freely applied to his extremities, and cloths wrung out of cold water applied to his forehead; after he had rallied again, and having some of the medicine given him by Dr. T., he commenced taking it, but after taking two doses, the chilly sensations came on again, and I was sent for in great haste to see him.

I found him in an insensible condition, shriveled appearance, carotids and temporal arteries beating preternaturally strong and full; pulse at the wrist hardly perceptible; extremities cold, and bathed with a pasty-feeling sweat; breathing irregular and heavy; hurriedly gathering the history of the case, and being satisfied of its character and gravity, I based my treatment on the following reasons: here was evidently a failure in the function of respiration, owing to a want of power of the heart to force sufficient blood through the lungs, affording an imperfect aeration of blood, and of consequence, a failure of co-operation of the brain, producing fatal lesions of the nervous and circulatory systems. I immediately adopted a course that I had seen used twice before, under apparently similar conditions, and with success. The patient was lifted out of his bed and placed on a lounge, and standing on a chair I poured over him fourteen large pitcherfuls of cold water; after the twelfth pitcher of cold water, I poured on alternate hot water, as hot as could be borne, had him well dried and wrapped up in blankets, ordered attendants to take dry mustard and pulv. capsicum and rub his extremities well; before finishing the cold water his breathing became regular, pulse perceptibly full at the wrist, and after several prolonged yawns he wanted to know what was the matter; reaction was complete in four hours; I gave him thirty grains of quinine with two grains of opium, and left

him a similar powder to be taken in four hours. Next visit found him in every respect better; omitted opium, and gave five grain doses of quinine every four hours; next day finding him still better, and leaving him twelve powders of quinine, two grains each, I discharged him; his recovery was rapid, and in two weeks from my last visit he returned to his work in the woods; he cut wood for three days; on the fourth day after he commenced work he was taken with a chill, which his associates informed me lasted about an hour, when he went to sleep, as they thought, and they went to their work; when they returned to the hut for dinner they found him dead; he was brought from his hut to his former home, and by the permission of his parents I examined the body. The vessels of the pia-mater were injected with thick dark blood; there was a slight deposit of fluid, assuming a purulent nature, between the meninges; cortical substance darker than natural; the ventricles were distended with a yellow fluid; the substance of the brain seemed a little softer than natural, otherwise healthy; the cerebellum, corpora quadrigemina, extending to the cervical axis, was decidedly soft. The lungs had a deep purple color, and were slightly hepatized; when cut into a thick and dark fluid would flow out; they were quite friable. The heart was natural but the pericardium contained about three ounces of serum. Liver larger than natural, otherwise healthy; kidneys were healthy. The spleen was increased to double its natural size, and contained much dark grumous blood. The stomach and intestinal canal was much inflamed throughout its entire length; the glands of the ileum were much enlarged, and two of them showed evident signs of ulceration; the mesenteric glands were but slightly affected; the bladder was shrunken, and had but little urine in it. This case was diagnosed and treated as malignant intermittent fever.

Case 8. Was a colored girl; Charlotte; twenty years of age; healthy, well developed girl; slave, belonging to Mr. Porter; when preparing dinner complained of feeling badly; sore throat, and some headache; as she got worse rapidly, I was sent for in the afternoon; the tongue and fauces were very red, deep purple hue; pulse 112, and very feeble; complained of great faintness and labored hard for breath; countenance very anxious; skin hot and pungent; thirst urgent; her age and previous good health warranted the loss of blood; to relieve the urgent symptoms, as the lungs seemed overwhelmed from some cause, had her feet placed in hot water, and had her take several deep inspirations, at the same time carefully watching the pulse; after losing about nine ounces the pulse commenced to fail, when the flow was stopped; had her laid on a lounge, with her head and shoulders elevated, and ordered cold water to be poured from a height over her naked breast and stomach, which was done, to the number of nine large pitcherfuls; then had hot water to alternate with the cold; the pulse became fuller and stronger, and after twenty-two pitcherfuls had been used reaction was very evident. Had her rubbed dry and placed in bed, between warm blankets; extremities, before cold, were now feeling natural; gave her twenty grains qui., six grains carb. ammonia, one grain opium, and applied a large mustard sinapism over lungs and stomach. Pulse 98, and much stronger; faintness and oppression much relieved; the same kind of a powder was left, to be given in two hours, if there was any change for the worse; if not, then it was to be given in four hours; ordered egg-nog and good soups, if she would take them. Returned to see her about five hours afterwards; found that the powder had been given in two hours; profuse perspiration, which was clammy; breathing hurried; pulse 127; not perceptible at the wrists; and she died about 4 A. M., sixteen hours from making the first complaint.

Autopsy, ten hours after death. The brain in no respect bore any evidence of disease; the mucous membrane of the fauces was very red, and was easily torn; the larynx was covered with a thick tenacious mucus, membranous in character. The lungs were full of very dark blood, otherwise seemed healthy; the alimentary mucous membrane gave clear evidence of inflammation; the glands of the ileum and mesentery were evidently inflamed and enlarged. This case was the first of a large number of malignant scarlet fever; the eruption could not be seen; owing to the color of the skin; the anatomical investigations made clearly establish the fact that the glands of the ileum and mesentery are diseased in other diseases than typhoid fever, hence this should not be deemed conclusive evidence that the patient had died of that fever. Establish this fact (and we find it resting on other and abler testimony), and one of

the main supports of typhoid fever falls to the ground.

We have notes of other autopsies, which would still show the fallacy of making disease of the ileum and mesentery confirmatory of typhoid fever. While many of these theories are claimed to be based upon anatomical and physiological facts, these are found to be untrue upon close investigation; while they may exist in typhoid fever, it is equally as true that they can exist in other diseases.

A NEW PROCEDURE TO EXTRACT FLUID SUBSTANCES FROM THE CAVITY OF THE MIDDLE EAR.

BY PROF. DR. JOS. GRUBER.

Translated from the *Monatsschrift für Ohrenheilkunde*, 1874, No. 12, p. 141.

Inasmuch as I intend, in one of the subsequent numbers of this magazine, to describe more minutely the anatomical conditions which impede the extraction of the adherent exudations in the tympanic cavity and the other portions of the middle ear, by means of the methods of procedure thus far employed in aural practice, I can content myself, on the present occasion, by merely describing the procedure which I have recently practiced, with this view, with very gratifying success, and which, in my opinion, deserves imitation. In general, nearly all experienced aurists will coincide with me, that the air douche alone, whether employed upon an ear in which the tympanic membrane is intact, or on one in which this membrane is perforated, only occasionally succeeds in driving the exudation out of the tympanic cavity. The tympanic orifice of the eustachian tube, in the majority of cases, opens high up on the anterior wall of the tympanic cavity, in consequence of which the exudation accumulated on the floor of the cavity remains undisturbed by the current of air, even when it passes through the entire cavity. Even when the tympanic membrane is perforated, and shows a great loss of substance, it often happens that that portion of the exudation which lies on the floor of the cavity of the tympanum, below the level of the perforation, does not escape through this opening in the membrane, but remains behind as an injurious agent. When there is also a large opening in the anterior segment of the tympanic membrane, it may very easily happen that viscid exudation may become accumulated in the posterior portion of the tympanic cavity, by the very use of the air douche, and can at most be removed by means of a suitable incision into the posterior segment of the tympanic membrane. But even paracentesis of the tympanic cavity, practiced with every circumspection and calculation, does not suffice, now and then, to accomplish the purpose of completely emptying the space of the middle ear.

There is, in addition, acording to my opinion, another condition which makes it very desirable to become acquainted with another method than that thus far practiced, to free the middle ear from exudation; and this condition I desire to elucidate somewhat in this article.

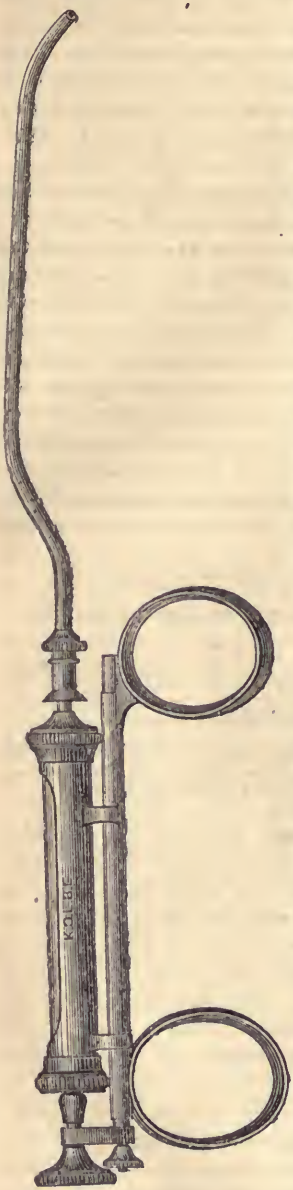
When we employ the air douche in one of the methods usually practiced, and resolve the problem in question in the best manner, that is to say the extrusion of an exudatory mass out of the tympanic cavity, it is self-evident that *almost always, in cases of non-perforated membrana tympani, and very often in cases of perforated membrane, at least some portion of the exudation is driven out of the tympanic cavity into the cells of the mastoid process*, and this is of great disadvantage, according to my experience, which is confirmed not only by the practice I have had with aural patients, but also by general fixed laws.

If ordinary masses of mucus become driven into the mastoid cells, it is not exactly the same thing, for, according to experience, they alone seldom do any harm. If, however, in a case of purulent inflammation, pus or ichorous products get into the cells of the mastoid process, from which they find it exceedingly difficult to escape, then the pus or its decomposed products must do some injury; and I believe that *in purulent inflammation of the tympanic cavity parts of the mastoid process would be much less frequently diseased consecutively, if this fact were regarded.*

The few data that I give here, and which I will complete in a subsequent article, will suffice to indicate the importance of the new method, which, in short, consists in this: *that I draw the exudation, or other fluids, as the case may be, out of the external meatus, through a perforation in the membrana tympani already existing or made for the purpose, by means of the exhausting syringe about to be described, and without use of the air-douche.*

The instrument which I employ is made in accordance with my instructions, by the instru-

ment maker, Reiner, of Vienna,* and is shown in the accompanying illustration in its actual size.



It consists of the peculiar syringe, shown above, and an attached tube.

The syringe is the size of an ordinary Pravaz' syringe for hypodermic injection, and is constructed in the following manner:—

The cut represents a glass tube, which is fastened in a case of German silver, with a slot cut out upon its upper surface, by means of two screw-ends. In order to secure perfect closure, a centrally perforated rubber washer is placed between the ends of the glass tube and the end pieces.

The metallic case carries two projections on its lower surface, upon which a hollow bar is fastened, at the further portion of which a ring is attached. A metallic rod is movable in the hollow bar, and this carries the ring. This rod also extends into the connecting limb, which places the piston of the syringe in firm connection with the rod. A screw fastens the connecting limb to the rod, and a larger screw fastens the same connecting limb to the piston of the syringe.

[* This instrument is also made by Mr. Kolbe, of Philadelphia.]

If now the thumb of the operating hand is inserted into the first ring, and the fore or middle-finger into the distal ring, and the latter is pressed towards the former, the rod moves in the hollow bar; and as the rod is in firm connection with the piston of the syringe, the latter must move with it, by means of which a suction power is exerted with the syringe; the whole being directed with two fingers.

The distal ring is brought somewhat to the side of the rod, so that it passes beside and beyond the proximal ring, on drawing out the piston, thus permitting complete retraction of the piston.

To complete the apparatus, attachment tubes of different calibres are required, which are attached at the end of the syringe, and which must be completely air-tight. They are bent in a bayonet form, not far from the extremity of the attachment, in order that the syringe when in use may lie beneath the external meatus, so as not to intercept the light. The terminal extremity is bent according to requirements. Bent in the form depicted in the illustration, it enables me to withdraw masses accumulated on the floor of the tympanic cavity.

In using this exhausting syringe, I employ illumination from a reflector attached to the forehead. This gives me both hands free, so that I can manage the ear-speculum with one, and the syringe with the other; and I can only say that with accurate anatomical acquaintance with the parts, and some manual dexterity, its employment is very easy, and that this method has yielded me the most satisfactory results.

An experiment to which I shall recur in another place, has taught me that, at least in many cases, a certain bending of the head forward and downward, just about the position that is taken for the purpose of dropping a medicated fluid into the meatus, with the affected ear lowermost, will permit the passage of exudations accumulated in the cells of the mastoid process to flow out of them into the tympanic cavity, whence they can be extracted by means of the exhausting syringe. I have also often succeeded in experiments upon the dead subject, and with macerated temporal bones, in reaching the entrance to the cells of the mastoid process, by suitably bending the terminal extremity of the attached tube. What significance, however, the palpability of direct removal of purulent exudations out of the mastoid cells of the temporal bone may have in the treatment of puru-

lent inflammations of this region, requires no further elucidation of details.

[The following translation in the London *Medical Record*, May 5th, is added to complete the above subject:—]

"Professor Gruber read before the k. k. Gesellschaft der Aerzte, in Vienna, a paper which is reported in the *Allgemeine Wiener Medizinische Zeitung*, for December 22d, on the treatment of inflammatory affections of the middle ear. He pointed out, especially, the fact, which ought to be kept in mind by aurists, that the tissues bounding the tympanic cavity are very unfavorable to the resorption of exudation in the cavity, while the natural outlet, the Eustachian canal, has, in those cases where it is most desired that it should be open, viz., when mucous or purulent accumulations are lying in the cavity, its mucous lining so much swollen, and the lumen so narrowed thereby, that the passage of such masses is not easy, and, moreover, the muscles of the tube are, in such cases, often disturbed in their function and incapable of acting sufficiently. The means employed by surgeons to remove such accumulations have been, and are, perforation of the membrana tympani, passage of the air-douche through the Eustachian tube, or both combined; some insisting that the evacuation of the cavity, without perforation of the membrane, is not possible; others, among whom stands Professor Gruber, holding that the air-douche, alone, is often successful, while in others it is not so, or only imperfectly. To determine the cause of failure in some, Gruber has examined fifty temporal bones. He found in normal auditory organs great differences in the distance from the isthmus to the mouth of the Eustachian tube, the distance varying from one and a half to four and a half millimètres, (0.06 to 0.18 inch). In some, the opening of the canal was circular, in others very irregular, and in other cases so narrowed that it had a breadth of three-quarters of a millimètre, with a height of from two to three millimètres. From the walls of the bony tube, also, were sometimes seen ridges projecting, which, especially when the mucous membrane is swollen, must lessen the lumen of the tube considerably. The tympanic opening of the tube was sometimes as high as five millimètres above the floor of the cavity, while in others it opened close on the floor. The posterior wall of the carotid canal, in some cases, projected into the tympanic cavity on its anterior wall, while in others its course on that wall was not recognizable. The convexity formed on the floor of the cavity by the jugular fossa was found smooth or irregular, according to the development of the superior wall of the fossa. Lastly, bony lamellæ were sometimes seen to spring from the walls of the cavity projecting into it, and so forming deep recesses in which masses of exudation might become fixed.

"These peculiarities must have, as Professor Gruber says, an influence on the action of the air-douche; and he raises the question of the advisability of employing this remedy always for the removal of exudations from the tympanic cavity. He believes that in some cases, where purulent or ichorous exudation is present, the air-douche may drive it into the mastoid cells, and so cause inflammatory processes there, and, with this belief, he proposes to remove the exudation by means of a suction instrument, passed through the membrane in the same manner as has already been done in England."

Medical Societies.

AMERICAN MEDICAL ASSOCIATION.

OBSTETRICAL SECTION.

Address of the Chairman, Dr. W. H. Byford, Chicago, Illinois, on the Treatment of Fibrous Tumors of the Uterus by Ergot.

Until recently, all forms of fibrous tumors of the uterus were regarded as beyond the reach of medicine or surgery. Enucleation was regarded as the only operation to be thought of, and that was very difficult, except in desperate cases. All will agree that it should be a last resort. Of the medicinal treatment of these tumors, we may say that it is not a last resort, but a safe means to be used before danger presents. Even in extreme cases, we may hope for success. We have learned that ergot, etc., exerts a special influence on the unstriped muscular fibres. This property is possessed not only by ergot and belladonna, but also by quinia, some preparations of lead, alum, bromine, and iodine in a high degree, and by most of the astringents.

From our knowledge of the unstriped fibres in the composition of the uterus, we can better understand how these agents can act upon the uterus. While these fibres form the muscular structure of the walls of the womb, they also form part of the arteries supplying its blood.

Ergot and belladonna act upon the walls of the uterus in a triple way, causing a diminution of the blood flow. The calibre of the arteries is diminished by the contraction of their

muscular fibres; the arterioles are diminished in size by compression, by contraction of the uterine muscular fibres and womb; these vessels are distorted by both the contraction and compression, and hence, is checked the blood flow. Under the influence of these remedies, the nutrition of fibrous tumors is diminished, and hence they are more susceptible to disintegration and absorption.

We must not, however, expect too much of any remedy. The great success of Hildebrandt has exceeded that of his followers, and they have hence been tempted to reject the whole as a mistake. Probably partial benefit only will result in a majority of cases. Tumors which have become of a cartilaginous hardness, or masses of carthy matter, cannot be absorbed. Nor can they be disintegrated by lack of nutrition. Again, the power of contraction in some tumors is almost gone.

Tumors, however, of a single nucleus are generally very vascular, and the muscular fibres are hypertrophied, as in pregnancy. These grow rapidly, and at the same time are most easily affected by ergot.

Between such extremes there will be a great variety of results in treatment. As circulation diminishes, etc., the vitality of the tumor is lessened, until fatty degeneration results, and absorption is easily accomplished. Again, the ergotism aids to expel the tumor, whether it be a polyp or an intra-mural tumor. When the tumor is nearest the mucous surface this result is most liable to occur. He detailed two cases of his own; the fluid extract of ergot was used in one, in half drachm doses, for nearly three weeks, producing great suffering from uterine contraction. The tumor expelled, with inversion of the uterus, enucleation was performed, and the uterus replaced. In the other the ergot was used both by the mouth and hypodermically. The most complete success followed in both cases.

He had abstracts of one hundred cases of this mode of treatment, with the most favorable results, obtained from journals and letters of professional friends. In some cases, the pain has been intolerable and the remedy was discontinued. Again, ergotic intoxication supervenes and prevents a continuance. The debilitating hemorrhages, and leucorrhœal discharges are often promptly relieved. In many the tumor is greatly diminished. Again, if the tumor is not sensibly affected, disagreeable symptoms are generally relieved. Occasionally, no result is seen to follow treatment by this remedy. Metrorrhagia has been mitigated, though the tumor was apparently not affected.

He gave in great detail the cases by a number of operators, from which he drew the above points and a most favorable verdict by all. He sums up 101 cases; 22 were cured; in 39 the tumors were diminished and the hemorrhage and other disagreeable symptoms removed; 19 were benefited by check of hemorrhage, etc., the size of the tumor and other conditions remaining unchanged. Only 21 entirely resisted the treatment, leaving 80 decidedly benefited.

Method of use of ergot.—Uniformity is not observed as to its employment; some use it hypodermically, others, also, by the mouth and by the vagina and rectum.

Hypodermically, it is thought to act more rapidly and certainly, and without gastric trouble. It is objected that this plan causes pain by the needle, inflammation and suppuration. Pain of inserting is rarely an objection. Hildebrandt, in 1000 injections, never saw an abscess follow his own operations, and only three times in the charge of his assistants. He always injected very deep into the subcutaneous cellular tissue, perhaps even into the abdominal muscles.

Atthill does the same, but had this trouble in all three of his cases.

Chrotak was compelled to abandon this method on this account, in four out of nineteen cases. Others also experienced the same difficulty.

Hildebrandt appears to stand alone in his success as to this point.

The lower part of the abdomen is selected for the injections, generally.

Keating injects back of the great trochanter.

Jackson uses the deltoid as the point.

White injects over the abdomen into the cervix uteri, and into the tumor, if accessible, and with no bad results.

Wey encountered abscesses once in every eight injections. He used the abdominal region.

Hildebrandt uses Wernich's formula for the watery extract of ergot. It is thought to be very similar to that of Squibb. Hildebrandt adds pure glycerine, one part to four of the solution, and injects forty minims, containing a little over two grains of the extract, say ten to twelve grains of crude ergot.

Americans generally prefer Squibb's. He recommends the following: dissolve 200 grains of the extract of ergot in 250 minims of water, by stirring, filter, and make up to 300 minims by washing the residue on the filter with water. Each minim represents six grains of powdered ergot. Ten to twenty minims should be injected daily, or every two days.

Wey lays stress on a fresh solution, as it rapidly deteriorates and becomes irritating; generally in half an hour painful contractions result, an increased hardness of the tumor is felt. These contractions increase for two hours, continue with vigor from six to ten hours, and gradually cease. Some refuse to proceed, on account of the suffering. Often hemorrhage is insensibly controlled, and the tumor slowly decreases, without the patient experiencing any discomfort. Generally, the benefits are most rapidly produced in the early part of the treatment.

Most frequently, the internal treatment is by the fluid extract alone, or with belladonna. Some say thirty drops three or four times a day. Others use a drachm once or twice in twenty-four hours. Perhaps it is most efficacious in

large doses and less frequent. This preparation is very offensive, and occasionally cannot be borne. Squibb claims that his solid extract does not so offend. It may be used in pill coated with gelatine; five grains equal twenty grains of crude ergot, and may be given two or three times a day.

Dr. Byford preferred this form.

White uses a suppository of fifteen grains of solid extract.

The addition of belladonna increases, in some cases, the effect.

Goodrich, who obtained excellent results, used the two.

Ergot also benefits in other ways. Often it relieves obstinate constipation, improves the appetite, and health is regained. It may, however, cause inflammation of the uterus. Some have seen it produce vertigo, imperfect control of the extremities and slight spasms of the flexors of the forearm; others observed nervous perturbation. Allen reports phlebitis as resulting, in one limb resembling phlegmasia alba dolens. It is believed not improper to continue its use during the menstrual flow.

Auxiliary treatment is rejected by some, but is generally regarded as useful. Absorption may be promoted by the alkaline bromides and iodides.

Corrective treatment aids to prevent or ameliorate the disagreeable effects of the ergot. The chloral renders it more tolerable. Indigestion, constipation, etc., may be corrected by tonics, laxatives, and stimulants, given simultaneously with the ergot. Finally, he concludes, the ergot may cause disintegration and absorption, may interrupt the nutrition of the tumor; decomposition occurs within the capsule, and a semi-putrid mass is expelled. This is accompanied by inflammatory symptoms, and more or less toxæmia. The tumor, in its capsule, may be expelled from the cavity of the uterus, with greater or less inversion of the womb. It is then readily removed. There may be great suffering, and even peril, from the gangrenous disintegration and the pain of expulsion. Ergot does not always act at once, but appears cumulative, causing rather suddenly extreme and prolonged contractions. Opium and chloral may then become necessary.

From a review of the cases, it is seen that the gradual disappearance of the tumor takes place under small doses.

We are warranted in saying that moderate doses of ergot, as one-half drachm doses of the fluid extract two or three times a day, or five grains of the solid extract once a day, hypodermically, persistently used, is generally sufficient to cause a gradual disappearance of the tumor, and this quantity should not be exceeded in the treatment of large multinuclear tumors.

When we desire to cause the expulsion or gangrenous disintegration of a tumor, we must use large quantities, and continuously, until this effect results. Much careful observation is yet necessary to determine fully the safe and effective use of ergot.

COLLEGE OF PHYSICIANS, OF PHILADELPHIA, Wednesday, April 7, 1875.

The evening was chiefly taken up by two papers, one on

Diabetes Insipidus and Its Treatment by Ergot.

BY J. M. DA COSTA, M. D.

The case was as follows:—

Stephen S——, native of Bavaria, a tailor, was admitted in the men's medical ward of the Pennsylvania Hospital, on the 19th of October, 1874. A small, thin man, about forty-three years of age, hollow-eyed, with prominent cheek bones, his complaint of weakness and prostration agreed perfectly with his emaciated appearance. Suffering continually from shortness of breath, from indigestion with acid eructations, a burning sensation in the epigastrium, complete anorexia, and from immoderate thirst; having his rest at night broken by the frequent necessity for micturition; he considered, but too correctly, that his health was lost, and that he was rapidly failing.

No family history could be obtained, and he positively denied any venereal taint. He had always regarded himself a healthy man until two years ago, when he met with a serious accident. By a fall from the roof of a house he was badly contused, besides sustaining a fracture of his clavicle and some of his ribs, and hurting the back of his head; for nearly a year after this fall he suffered from headache and vertigo.

The day after admission (October 20th) the urinary examination gave the following result: The urine in color was very light, almost limpid, slightly acid in reaction, the specific gravity only 1001; it contained neither albumen nor sugar; the quantity in twenty-four hours was 224 fluid ounces, corresponding exactly with the amount of water he had drank. He did not improve after admission.

On November 22d he passed 168 ounces of urine, specific gravity 1004, but the daily amount rapidly increased until it reached 260 ounces on the 25th, of specific gravity 1006, containing 24.407 grammes of urea (376¾ grains).

The valerian which had been prescribed was now stopped, as it had so evidently wholly failed, and ten grains of hydrate of chloral were given four times a day; but, as the dyspnœa seemed to increase, this in turn was abandoned in favor of bromide of potassium, twenty grains thrice daily, on the 1st of December, at which date he passed 193 ounces of urine, containing, as Dr. Longstreth informed us, 25.124 grammes of urea (387 grains) and 5.813 grammes of chlorine.

During the first days of December the face and ankles became œdematous, the subcutaneous veins of the leg were enlarged, and dark red lines were visible on the lower extremities, which also pitted readily on pressure. He complained still of a great deal of headache and of a feeling of tenseness of the skin on the

forehead, and furuncles became manifest on the face. His condition was thus little, if at all, changed for the better. I now determined to give him ergot, a plan of treatment which, in conversation with my colleague, Dr. Hutchinson, I found had suggested itself also to him. At first it was resorted to hypodermically, but this caused so much local disturbance that the remedy had to be administered by the mouth. The internal use was begun on the 7th of December, one drachm of the fluid extract being given three times daily; this was increased, December 18th, to two drachms thrice daily. The diet was the same as before; the cod-liver oil was continued for a time, but not with great regularity, and it was presently wholly stopped.

From the time that the treatment by ergot was instituted, there was steady diminution in the daily amount of the urine, and rapid improvement in the patient's health; indeed, this was without a drawback, with the exception of a slight attack of pleurisy followed by some congestion at the base of the lung, and lasting only a few days. The patient was practically well on the 25th of January, 1875, when the ergot was discontinued, but he was retained under observation until March 10th, in order to decide whether the improvement was a permanent one.

The steady decrease in the amount of urine from the use of ergot may be seen from the following: The remedy was fairly begun on the 7th of December; the amount of urine passed in twenty-four hours had been, on December 4th, 227 ounces, which was the last measurement made before the ergot was commenced. On December 9th, it was 152; on the 14th, 126; and on the 23d, 91 ounces. From this time onward the highest amount passed was 76 ounces on December 27th, and from the first of the year to the date of discharge, the maximum was 74 ounces, and had been several times as low as 40 ounces a day. It is proper to state that during his stay in the hospital the urine was repeatedly tested for albumen and sugar, but with uniformly negative results.

When discharged he was well and strong, and he had never been in better health. During his stay with us he gained in weight forty pounds; and it was difficult to recognize in the fat, bright-eyed, jovial man who left the hospital, the lean, languid-looking, dejected patient who had come to it but a few months before, apparently to die.

He was seen last week (April 3d, 1875), and reports his improvement as permanent.

Dr. Da Costa continued, with the following remarks:—

Diabetes insipidus is, when well-marked, for the most part a fatal disorder, though the patient may be kept in fair health for years. "The treatment of the disease, so far as our present knowledge goes, is rather compensatory than curative," says the latest authority on the subject; and, notwithstanding the good results published by Trousseau in a few instances, from the valerian treatment, he agrees substantially with Dr. Dickinson, for these are his ominous words: "I have, on the other hand, had the pain to see nearly all the polyuric patients whom I had to treat waste away rapidly and die much earlier than those who had saccharine diabetes." My own experience has been the same; and the case which I have to-night presented to the Society is the first one which I have seen recover; I mean the first marked one, in which there were the grave symptoms of disturbance besides the excessive flow of urine.

That the recovery was due to the action of the ergot there can be no doubt. The drug has been used in saccharine diabetes, and, it is said, with some advantage, though I have not been able to obtain with it any specially good results. But I do not know that it has before been employed successfully in diabetes insipidus; indeed, when I began to prescribe it, I did not know that it had been suggested. I find, however, casual mention made of it by Roberts and by Niemeyer, the latter stating that, like some other remedies he mentioned, it is not based on the results of experience but on theoretical grounds. Indeed, from all the references to it which I have seen I infer that it has either only been thought of or passingly tried; for I have not met anywhere with a record of its leading to a cure. Its effect on the capillaries, both of the nervous centres and in glandular organs, suggests its mode of action. That the remedy will be available where grave organic lesions exist I do not think, but I indulge in the hope that, freely given, it will prove of service in cases which without it are incurable.

The second paper was on a case of

Acute Tetanus Successfully Treated by the Inhalation of the Nitrite of Amyl, with Remarks upon the Pathology of the Affection.

BY WILLIAM S. FORBES, M. D.,

Senior Surgeon to the Episcopal Hospital.

The paper contained the history of a case of violent acute tetanus, beginning on the fourth day after the reception of the wound (an extensive burn), and advancing with great rapidity, having, in forty hours from its commencement, a temperature of 102°, a pulse of 133, and a respiration of 32 per minute, presenting marked opisthotonos, with trismus, and a horrid tetanic grin; and having the muscles of deglutition considerably involved, together with paroxysms of brief and painful spasms, which yet were perfectly controlled by inhalations of nitrite of amyl, which were given in doses of five drops, twice a day, for forty-six days, and which restored my patient to perfect health, without the administration of any other agent beyond good nourishment. The patient was exhibited before the College.

The nitrite of amyl was first ordered on the 11th of February, at first in doses of three drops, to be administered by inhalation twice daily, and a record to be accurately kept of the temperature and the pulse morning and evening. Dr. Rudderow, our resident physician,

kept the record and administered the nitrite. Dr. R. first administered the amyl on the evening of the sixth day after the accident, and about forty hours after tetanus first discovered itself; before the three drops had half evaporated the heart's action became more quiet, and at each inhalation of the amyl afterwards it was generally observed to have a quieting effect on the heart's action; towards the latter part of the treatment the pulse was among the eighties, although on giving the patient five drops on the 4th of April, six days after he had ceased to inhale five drops twice daily, the heart's action was 132, and tumultuous; whether this was because the system towards the last was becoming accustomed to the action of the drug or not, is uncertain, but this same action of the heart in angina pectoris is recorded by Brunton and by Wilks. In the present case, after the cure of the tetanus, the amyl excited the heart as in health.

The eyes were suffused; the skin of the face and neck became very much congested; indeed the whole surface of the body was more or less congested, but this soon passed away when the amyl was withdrawn. The three drops had scarcely begun to cause congestion when there was evinced a tendency to gape, and a few days afterwards gaping and yawning both took place at each inhalation until the administration of the drug was discontinued; this gaping and yawning was produced also on Dr. Rudderow while administering the drug, on each occasion. The man said, some hours after the inhalations, on several occasions, that his head felt as if something was running around in it, to use his own expression. On the evening of the 12th he felt more comfortable and had had some sleep.

On the 13th he felt more comfortable; he was more cheerful; his appetite was a little better; his bowels were regular; his opisthotonos became a little less after each inhalation.

On the 14th he was not so well; he had another spasm, the third; the nitrite was now ordered to be given in doses of five drops twice a day.

On the 15th he is better, more cheerful; takes his nourishment, but says before evening he wants his medicine (meaning his amyl); that it always makes him feel better immediately after he inhales it. On the 16th he is still improving; the sardonic grin is manifestly less, and his opisthotonos is much less. On the 17th he is still improving,

On the morning of the 18th, the eighth day of the attack, the amyl in the hospital gave out, and it was only on the evening of the 20th that it was replaced. For forty-eight hours the patient had no nitrite of amyl; his pulse rose late that night to 116, from having been 100 the evening before; his temperature rose to 100°, from having been 98° the evening before. On the morning of the 20th, thirty-six hours after he had taken this last dose of the amyl, the opisthotonos and the tetanic expression both were manifestly returning, and he appeared to be threatened with a spasm. In the afternoon, when he again inhaled five drops after an interval of forty-eight hours, he again came rapidly under its influence. He said he felt better almost immediately; his pulse and his temperature again abated. This accident of the cessation of the administration of the amyl discovers a most important event in its use; it points to the efficacy of the drug in this case most notably.

On the 29th of March, forty-six days after the first dose of the amyl was given, the patient appeared to be perfectly well. He could walk about, and eat, and drink, and enjoy himself in every way as before the attack, except having a feeling of weakness. He had inhaled one ounce of amyl.

Editorial Department.

Periscope.

Management of Wounds of the Urethra.

It is stated in the London *Medical Record*, that Dr. Manson, in his *Thèse de Paris*, 1874, formulates the following rules for the treatment of these serious injuries, which may compromise the health of the patient after he has passed through the first symptoms. He says that, in contused wounds of the urethra, a *sonde à demeure* and perineal urethrotomy are the means to which recourse must be had. Perineal urethrotomy is principally indicated whenever the canal is destroyed to a great extent and catheterism is impossible. It should be performed with the least possible delay; and, if practicable, a *sonde à demeure* should be placed in the urethra before twenty-four hours have expired, for later on the swelling and the infiltration of urine sometimes makes exploration difficult, and have thus rendered treatment unavailing. After perineal urethrotomy, keeping the penis elevated during the time the sound is left *in situ* is, Dr. Mason believes, a good means of avoiding inflammatory accidents, which for the most part are the result of the stagnation of the pus at the level of the suspensor ligament, this stagnation being in great part due to the flexion of the penis.

THE

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D. G. BRINTON, M.D., EDITOR.

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WHY EXERCISE CONTROL OVER PROSTITUTION?

It is actually a fact that the spectacle is presented at this time, and in Christian lands, of intelligent people and professed Christians uniting together to oppose the diminution of suffering, the lessening of vice, and the protection of purity. For all this is meant by the deliberate and organized opposition to the sanitary and police control of prostitution. Nothing is a more impressive commentary on the sham religion of the day than this Pharisaic desire to avoid dealing with publicans and sinners. Hospitals established or supported by private charity and by religious (!) denominations, as a rule, exclude all venereal cases. If there is any hospital under sectarian control, in any city in this country, which admits such cases on the same footing as others, we do not know it, and shall be glad to learn of it.

No one who is honest, and chooses to study honestly the action of the English contagious diseases Acts, can doubt that they have accomplished the following results:—

1. Diminished syphilitic diseases.
2. Lessened the number of prostitutes.
3. Prevented prostitution by girls.
4. Aided the peace and quiet of the protected districts.
5. Contributed thereby to the comfort and safety of respectable residents.
6. Afforded better opportunities to reclaim deceived and inexperienced girls.
7. Effectually prevented the iniquitous tyranny exercised by brothel-keepers over their inmates.

One of the most marked advantages attending the operation of these Acts is, that it affords some opportunity for successful efforts being made for reclaiming a woman, for rescuing a number of young and inexperienced girls, and for exposing and repressing a tyrannical and iniquitous system of trading in vice and immorality on the part of brothel-keepers and others. One hundred and nineteen girls between the ages of 12 and 18, and one hundred and twenty-three women between the ages of 18 and 30, and twelve above that age, who had been found in bad company and improper places, had been rescued and put in the way of virtuous employment, within the last six months previous to the publication of the last official Report.

This Report further shows: 1. That during the years 1868–72 the English garrisons in which the prostitutes were submitted to no visitation had continually 9·16 per 1000 men in hospital on account of syphilis. 2. That during the same period, in the English garrisons in which prostitutes were submitted to sanitary visitation, the proportion was 4·49 per 1000; and 3. That in six regiments, taken by chance, which on December 31, 1874, were in the Paris garrison, where prostitutes are submitted to careful examination, only 2·74 per 1000 were in hospital for syphilis.

As is well remarked by Dr. Jeannel, in the *Annales d'Hygiene*, "The most imposing autho-

rities in England, as well as on the Continent, are in accord in regarding syphilis as a scourge analogous to the plague, and a hundred times more pernicious in its effects, attacking the human race first in its virility and then in its reproduction. The problem sought to be solved by the sanitary inspection imposed upon public prostitutes, and by the sequestration and treatment in closed hospitals of such of them as prove to be infected, is not the affording security to debauchery some affect to believe, but is really the application, to the extent that is possible, of a quarantine system to the prophylaxis of an eminently contagious disease, the pernicious effects of which are not temporary, like those of most other contagious diseases, but are often prolonged during the entire life of those who are subjects of them, and may be propagated to the lives of their descendants."

It is no sort of argument to say that such laws cannot be enforced; for in limited districts we know they *are* enforced, with the results given above. And, moreover, if we honestly believe the supervision ought to be exerted, we should try and try, till we find a system that *can* be observed. The supineness of the American profession on this subject is discreditable to it, and arises chiefly from a lack of courage to face public opinion. That sort of public opinion, and the narrow, bigoted religionism on which it is founded, should alike be vigorously attacked. No such doctrine was thought of by Him whose followers Christians claim to be, and their action in advocating the ostracism from legal aid, sanitary government, and hospital facilities, of this most wretched class of women, is a mockery of true religion and an injury to social prosperity.

News and Miscellany.

Medical Society of the State of Pennsylvania—Twenty-sixth Annual Session.

The Society met Wednesday, June 9th, at Pottsville, and was called to order at 3 P.M., by the President, Dr. Washington L. Atlee, of Philadelphia, assisted by the Vice Presidents, Drs. George D. Bruce, of Pittsburgh, Rowan Clark, of Antistown, P. B. Breinig, of Bethlehem, and Alexander Craig, of Columbia.

The Permanent Secretary, Dr. Wm. B. Atkinson, of Philadelphia, the Assistant Secretary, Dr. R. S. Chrisman, of Pottsville, the Treasurer, Dr. Benjamin Lee, of Philadelphia, and the Corresponding Secretary, Dr. R. J. Dunglison, of Philadelphia, were present.

The session was opened with prayer by Prof. Traill Green, M.D., of Easton.

The Chairman of the Committee of Arrangements, Dr. A. S. Halberstadt, of Pottsville, welcomed the delegates, etc., as follows:—

Mr. President, Gentlemen of the Medical Society of the State of Pennsylvania:—

Among the many varying events in the history of an individual, none can be more pleasant than to pronounce the voice of welcome to honored and distinguished guests. Not alone does the medical profession, but the common intelligence of this people welcome you, in your associate capacity, as representing the great profession of a great State.

Your mission here, this day, is of no ordinary import, enlisted as it is in the interest of humanity, not only in establishing hygienic safeguards for the preservation of health, but for improving means for the alleviation of the suffering ills which flesh is heir to.

Associations composed of men of science, whether social or devoted to arts, bear to the minds of the general public an individual interest, closely allied to all the various relations of life, but where the charge is of man's physical condition, upon which depends the moral, social, and general well-being of all his race, that interest is greatly intensified, such proceedings are closely watched, and much is expected by those who join with me in bidding you this welcome greeting.

By the interchange of ideas, diversified, through the peculiar influences of our homes and the ever-changing character of our surroundings, as to subjects and local manifestations of disease, we should do much to arrive at conclusions of the true nature of maladies, and determine indications, as revealed by science and observation, for treatment to establish successful issues.

From your self-imposed guardianship, as the custodians of public health, and the individual responsibility centred in so large a representation as that of an entire commonwealth, the public assume to demand your calm and deliberate action upon all matters presented for your consideration; and, in no degree, can you acknowledge your collective responsibilities and serve them more, than by positively and directly asserting your influence in an endeavor to elevate the standard of medical education.

Trite and threadbare as this subject may be, the evil to be remedied is the stumbling block to all permanent advancement, either in the prosecution of knowledge, the observance of ethics, upon which the morals of the profession depends, or the attainment to that posi-

tion and influence that those who are so intimately connected with all the disordered phases of life should unquestionably enjoy.

In this land of reputed freedom, but really of quasi despotism, the repeated appeals to legislation has in no instance accomplished the passage of a law, the verbiage of which was not susceptible of an infamous interpretation, and its attempt at execution so besieged by the cry of persecution, as to virtually secure an immunity to that class of irregular practitioners whom the law, on the ground of public safety, was intended to apprehend.

Physicians, as such, cannot take part in advocating legal measures without subjecting themselves to the charge of indelicacy, by urging restrictions upon men professing the same avocation, where competition is involved, and thus simply nursing their own pecuniary interests.

Now, in what manner can this be obviated, the end attained, and such reproachful charges made improbable?

We say let honorable members of the medical profession exercise their prerogatives in refusing to take students at the very threshold of the preceptor's door, who have not received the necessary training to enable them to comprehend the elements essential to a thorough medical education.

Then the unsuccessful tradesman of to-day will not be the recipent of a medical diploma to-morrow, from some legally recognized school, and institutions, for the mere sake of numbers, will fear temptation leading to betrayal of trusts, as evidenced by many diplomas issued from authoritative hands.

Where legislation fails, and always has failed, in consequence of the corruption that pervades our petty law-makers in conception, and peace justices in execution, we shall have an educational basis, that will not only insure practical physicians, but scientific theorists, whose observations must result in combining the eminent characteristics peculiar to American and European practices.

It is through you, gentlemen, as the representatives, of the great body of the profession of this commonwealth, and through your county societies, that this state organization shall compel that advance by our Pennsylvania schools, as Massachusetts has done, not only by fixing an educational standard for matriculation, but by extending the terms of lectures from two years, (notoriously too short), to three, and this done with a determination on the part of physicians to guard the portals of our schools of learning, by restraining the incompetent, and directing sustaining patronage only to such institutions as exhibit due respect for themselves: then shall we find the doctor of medicine not a mere empty title, but an immediate passport to honorable recognition.

Legislation now will be unnecessary, the evils resulting from the pernicious rivalries of schools nugatory, and the standard of graduation, once established, would be zealously guarded, for safety, comfort and physical welfare, by the masses.

The quack and charlatan, feeding like parasites, by comparison, upon the incompetent but recognized, would be obliged to seek other fields of labor for the deceptions of their arrogant impositions, and thus, by dignified merit, the general public would recognize its own interests, and, by its own unconscious, yet irresistible, moral weight, crush out the unprincipled abettors of the host of pathies, with their innumerable prefixes.

It is in the interest of all who love their profession, and have zealous care for their country's reputation, that we enter this earnest plea for some deliberate action, by which so great a boon to humanity, social or suffering, may be realized.

With the hope, then, gentlemen, that upon *an educational basis* the standard of our profession may be truly elevated, that attempts by law may be regarded as not only useless but undignified, that our proceedings may be marked by sincerity and harmony, and that the interests of the public good may be duly considered, we again extend to you, in hearty welcome, the freedom of this City and its surroundings, and implore such blessings as may attend lives consecrated and faithful to trusts of professional duty.

And now, gentlemen, a few words as to your local surroundings and the peculiar features of this region. It has been said, by a wise observer, that the great nations of the near future are those who have the most abundant supply of iron, and of fuel wherewith to reduce it, and it is not a little startling to find that our compeers in the short catalogue of the greatest nations are Russia and China.

Assuming these declarations as true, and the importance of coal as one of the great factors of power, Pennsylvania has reason to congratulate herself on the possession of a coal which is the nearest to perfection of any that is known, or likely to be known, being very nearly pure carbon, and spread over the very limited area of four hundred and seventy square miles, less than an average county containing the whole of it. Of this area about one-half lies in our immediate vicinity, but owing to the greater thickness of the beds of coal in our southern coal field, this one half of the area contains six-tenths of the workable coal. Through this territory the coal lies distributed in sheets, varying in thickness from three feet, at which some red ash veins are profitably worked, up to that grand deposit in the Shenandoah Valley, twelve miles north of us, where the Mammoth vein reaches the thickness of one hundred feet. These sheets, by changes in the form of the earth's crust since their deposition, have been more or less wrinkled, and are now found standing at all angles of inclination, in some places perfectly flat, and in others, as in the sharp mountains (which form the Southern boundary of our town and of the coal region) tilted past the perpendicular, and leaning over into the valley,

at depth varying from nothing, where they come to the surface, to the unknown depths just under our feet, where to reach them we should have to descend four thousand feet, nearly three quarters of a mile below the level of the sea. I will not weary you with enormous figures which represent quantities of which the imagination can take no hold, and will only say, for the comfort of those who know the value of anthracite, and hope it may last their time, that one of our competent observers estimates that at the present rate of consumption the supply should last 2600 years. During the excursion which your committee propose that the society shall make on Friday, you will, no doubt, get all the facts and figures which you can digest, and in them much of the information will enter the eye as well as the ear; it is more likely to be retained than it would be were I now to lay it before you.

He offered the following programme for the sessions:—

Wednesday, June 9th, the Society will meet in Union Hall, at 3 o'clock, P. M., and adjourn at 6 P. M. Annual address, by Washington L. Atlee, M. D., President of the Society, at 8 o'clock, P. M. Reception at Dr. Halberstadt's, at 9 P. M. Thursday, June 10th, the Society will meet in Lyceum Hall, at 8½ A. M., and adjourn at 12 M. Also, at 2 P. M., and adjourn at 6 P. M. The Annual Dinner at Union Hall, 8 o'clock, P. M. Friday, June, 11th, meet at 7 A. M., should there remain unfinished business. At 8 A. M. an Excursion (through the courtesy of the Philadelphia & Reading Railroad Co.), by rail.

On motion, the programme was adopted.

Reports were presented by the following County Medical Societies, and severally referred to the Committee of Publication: Adams, Allegheny, Berks, Blair, Butler, Chester, Clearfield, Columbia, Delaware, Luzerne, Lycoming, Mercer, Mifflin, Montour, Montgomery, Northampton, Philadelphia, Schuylkill and Tioga.

Reports from delegations to other Medical societies being in order, the only one to report was that of the New Jersey State Medical Society, Dr. I. S. Eshleman, of Philadelphia, who gave a brief account of the recent session of that Society, at Atlantic City.

On motion of Dr. Atkinson, the addresses on Medicine and Surgery were made the first order of business, on Thursday morning.

On motion of Dr. J. G. Stetler, of Philadelphia, it was agreed that the various delegations should meet at the close of this afternoon's session, to select their representatives in the nominating committee.

The Permanent Secretary, in the absence of Dr. O. H. Allis, of Philadelphia, read a paper, entitled "A Few Suggestions on the Use of Ether," and exhibited the instrument he employed.

A Few Suggestions upon the Use of Ether.

There are but two anæsthetics available to the physician and surgeon, and these are ether and chloroform. The latter possesses every charm that could be desired in an agent for producing prompt insensibility to pain; and were it not that its use has been attended with frequent and fatal disasters, it is not likely that the profession would seek a substitute for it.

Ether, as it is commonly employed, presents a very striking contrast to it, and holds a place of rivalry by its side, simply from the fact that it is a safer, though less effective agent. But the safety of an anæsthetic, is no mean recommendation, and it is with the hope that I may offer a few hints that may assist in overcoming the apparent defects of ether, that I ask a few moments of your time.

The most striking defects of ether are. (*a*). Its proneness to irritate the air passages. (*b*). Its comparative feebleness as an anæsthetic agent. (*c*). Its long and vexatious stage of excitement.

These and other points are seen in the use of ether, and it cannot be denied that, ordinarily, they contrast strongly with chloroform. But are these the defects of *ether*, or of its mode of administration? I think the latter.

That ether often irritates the larynx is true, but only in the early stages of the anæsthetic procedure; and that, too, when it is used in too strong and concentrated a form. If a faint odor of ether is given at first, and this gradually increased, it will be found the *exception*, and *the rare exception*, that it is in the slightest degree irritating.

The other objections to ether may be embraced under the head of its feebleness as an anæsthetic. This I think needs no argument, and all that is left us is to add to its strength by an effective mode of administration. It requires a concentrated vapor of ether to accomplish any prompt results, and those who use it most have learned that it should be used with great profusion, and that the respired air should be thoroughly impregnated with the ether. Such a course has been found to be prompt and to be unattended with danger. I shall offer no criticism upon it, but simply state that I think the effect can be gained quite as promptly and without the *waste of ether*, or the offence to the patient; what ether requires is an opportunity to evaporate, and under favorable circumstances, when there is a thin stratum of it, its disappearance is almost instantaneous. Any apparatus or vehicle for the administration of ether, that holds it in any quantity and retains it in the fluid state, is not well adapted for its use, while any contrivance that will favor the rapid deliverance of the vapor of ether must, cæteris paribus, be more effective.

To reach this point, I have contrived a wire frame work for keeping many folds of a bandage at a slight distance from each other, and yet having the whole in a compact form that will readily adjust itself to the face. The sides are enclosed, but the ends are left open. The one for the patient's face, the other for the entrance of air and the ready supply of ether.

It might at first appear unscientific, and to

favor a waste of ether, but it is in every way an advantage; not only as it permits the ether to be added in *small and constant quantities*, but as the vapor of ether *falls*, by its density, there can be no need of closing it at the top.

The folds of bandage, being separate from each other, cannot hold the ether, and must almost instantly liberate it, and the extent of free exposed surface of bandage, in a space less than four inches square is over *one thousand square inches*. When one thinks that the air has ready access to both sides of so great a surface, and that upon this surface the ether falls, it must seem rational that such a mode of administration must be effective; and when, too, it is seen that the supply of ether may be constant, *one need never add more than a half drachm at a time*, if he will permit but a few seconds to elapse between the successive supplies.

I have found it very effective. I usually produce complete anæsthesia in females in seven minutes, and with about two ounces of ether. Persons seldom object to taking it, and the stage of excitement is no more *excessive, prolonged or frequent*, than with chloroform.

I adhere strictly to the following plan. The patient, being freed from all restraint, as to clothing, I place the apparatus over the face and add *a few drops of ether*, hardly enough to give a strong odor of ether. In a few seconds I add a few more drops, taking care not to give it in too concentrated a form at first. In a few minutes I see the patient taking deep respirations, and then I add it more constantly, *not too much, to be offensive or objectionable to my patient, and not too little to be efficacious*.

It requires some skill to give ether well, but its safety ought to commend it, and skill will overcome every defect of it.

Remarks were made by Drs. Levis and Keyser, of Philadelphia, and Dr. Pollock, of Pittsburg, showing objections to this apparatus, and Dr. W. L. Atlee, of Philadelphia, in favor of it, when, on motion, the paper was referred to the Committee of Publication.

Dr. J. T. Carpenter, of Pottsville, exhibited a case of resection at the elbow joint after a gunshot wound. Amputation was not performed because the patient was at first in a condition forbidding it, and the resection had saved the arm, which was very useful, the patient showing how much power he had with it.

On motion of Dr. Lee, of Philadelphia, Dr. Carpenter was requested to prepare a report of the case for publication.

Dr. Peter D. Keyser, of Philadelphia, read a paper explanatory of the terms and signs used by oculists in describing their cases, and also the results of a number of cataract operations. The paper was referred to the Committee of Publication.

The President appointed as the Committee on unfinished business Drs. Stetler, of Philadelphia, T. J. Gallaher, of Pittsburgh, and G. F. Horton, of Tarrytown,

The Society then adjourned until 8 o'clock, P.M.

EVENING SESSION.

The Society was called to order at 8 P. M. Vice President Dr. G. D. Bruce occupied the chair.

The President, Dr. Washington L. Atlee, then delivered the annual address, entitled "Old Physic and Young Physic; some of the changes of the past half century contrasted and compared, and their advantages estimated."

He alluded to bleeding, its past and present, showing the objections to the old habit of indiscriminate bleeding, and the objections to its entire disuse. He alluded to the habit, in former times, of every physician carrying a spring lancet in his pocket, and then asked those present who had such an instrument with them to hold it up, and requested Dr. Atkinson to count them; five or six were exhibited, and he continued, "Here is demonstration, strong as 'Holy Writ.' What a change, within even a quarter of a century, has overtaken our therapeutics!" The antiphlogistic treatment was carried out by the addition of tartar emetic, active purgation, etc. The use of cold water was forbidden: and he alluded to the fallacy of this treatment, while he questioned the success achieved by those who entirely ignored the use of blood-letting, contrasting their results with those obtained by some who go to the other extreme, and treat inflammation with stimulants, etc.

He next alluded to the real advances, as in gynæcology, the discoveries in uterine pathology, etc. He descanted upon the present habits of dress, etc., as inducing female diseases: the objectionable mode of suspending such a weight of clothing from the waist, the luxurious mode of living, the revels of night and the sleeping in the day in close chambers; the necessity for climbing so many pairs of stairs in our modern houses. He spoke of the "delicate girl, pallid and wan, struggling wearily under a load of clothing, all suspended, not from her shoulders, but from her necessarily constricted waist. See this beautiful peafowl, as she drags her long trail through the tobacco juice, the slush and mud of our dirty pavements, scraping up sticks, straws, old paper, cigar stumps, and filthy quids of tobacco, and dropping them at every crossing, and thus block after block repeating the same disgusting and injurious performance. She finally reaches home, worn out with her burden, her costly dress smeared with the most offensive filth, her stockings soiled, her limbs wet and cold." She has as much stuff in her flounces and pack saddles, as would make an old style dress. This is not all. Her heel mark is scarcely larger than the thumb nail, a skip, and the impression of a very narrow sole. It is only five or six inches long. The heathen Chinee could scarcely do better. Look at this shoe. A heel two inches high, shaved down nearly to a point, placed almost under the instep. Instead of the os calcis, she uses the scaphoid and cuboid as the heel. In place of the points of support being

on a level, the heel is tilted up two inches higher, the foot is crowded forward, the great toe is forced over the others. She is constantly walking down hill, and in health is going down hill all the time.

All this forces her entire frame out of its proper line, and she is compelled, in order to maintain her perpendicular, to throw her hips back. He contrasted the real and the fashionable woman, and thus accounted for many of her ailments. He urged a change in dress, that no longer should women be thus travestied and injured by fashion. He alluded to the fearful increase in the use, by women, of tonics and stimulants, as partly the result of their indisposition from these abominable dress fashions, and urged, very emphatically, a reform in this respect.

He next spoke of the ovarian troubles, the cystic hypertrophy, and the grand results of ovariotomy of McDowell, the first operator, and of the incalculable benefits he had thus conferred, and pronounced a glowing eulogy upon our distinguished brother now sleeping with the silent dead.

Next, he spoke of the operation for vesico-vaginal fistula, and alluded to our great brother, Dr. J. Marion Sims, recently elected President of the American Medical Association.

Anæsthesia was also an American discovery, and that within the half century. He spoke of the dangers attributed to chloroform, and yet he had used it since 1848, and without any serious result. He believed that anæsthesia by diminishing nervous shock, greatly increased the probabilities of recovery after operations.

The application of instruments to diagnosis, therapeutics, pathology and physiology, claimed his attention. The microscope has proved invaluable; it has vastly aided us, and he spoke of the one great diagnostic mark in ovarian tumors, discovered by the use of the microscope, by Dr. T. M. Drysdale, one of the members of this society. The clinical thermometer, the speculums of all kinds and uses, the ophthalmoscope, etc., electricity and its apparatus, gum-elastic, and Esmarch's method, all of which were not among the armamentarium of our ancestors.

He alluded gratefully to our boards of public charities, the improvements in our hospitals, prisons, schools, etc., the relief for the insane, Women's Medical Colleges, educated masses, the study of specialties by the profession in large cities. On the latter subject, he deprecated the medical man educating himself solely for a specialty. He should first be prepared to attend to every call, and as he advances, he may develope his particular sphere of usefulness; as he advances in years, he may gradually withdraw from general practice, and select that which is most congenial. These are the true specialists, who are ever welcome and never miss their calling.

He concluded with the importance of medical organization, the advantage of the code of ethics, the improvement in laws for the profession, the advance in standing of the medical officers of the army and navy, and the laws for the health of the community.

He closed with a beautiful allusion to the old, but still shining lights of the profession, yet observed among us, interspersed with the active, energetic men, bringing in their offerings to offer at the shrine of their noble calling.

On motion, the thanks of the Society were tendered to Dr. Atlee for his able and valuable address, and it was referred to the Committee of Publication.

On motion the Society adjourned until 8½ A.M. on Thursday.

THURSDAY, JUNE 10TH.

The Society was called to order, at 8½ A.M., by the President.

The following were reported as constituting the Committee on Nominations:—

Adams, J. L. Baehr; Allegheny, R. B. Mowry; Blair, R. Clark; Butler, J. McMichael; Berks, De B. Kuhn; Bradford, S. P. Dusenberry; Chester, Jas. Fulton; Clarion, J. F. Ross; Clearfield, R. V. Spackman; Columbia, L. B. Kline; Cumberland, E. B. Brandt; Dauphin, H. L. Orth; Delaware L. Fussell; Franklin, Wm. Montgomery; Huntingdon, D. P. Miller; Indiana, J. W. Hughes; Lancaster, I. K. Lineaweaver; Luzerne, Chas. Burr; Lycoming, T. Lyons; Montour, Jas. Ogleby; Mifflin, C. S. Harshberger; Mercer, J. H. Twitmyre; Montgomery, H. Corson; Northampton, A. Seip; Philadelphia, Wm. Pepper; Perry, J. Swartz; Schuylkill, G. W. Brown; Susquehanna, E. F. Wilmot; Tioga, L. Darling; Washington, G. A. Linn; Westmoreland, C. D. Eisenman.

They were instructed to meet immediately after the address in Medicine had been delivered.

Dr. Wm. Pepper, Philadelphia, then delivered the address in Medicine. He said:—

"Perhaps no more difficult question could be submitted for any one's decision then the choice of a subject for such an address as I have the honor of being appointed to deliver before this Society. This difficulty springs from two sources. The usage which formerly rendered such discourses not so much addresses in medicine as a report of the progress of medical science, would seem, to a great extent, to be superseded by the ever increasing number and comprehensiveness of the abstracts, summaries and year books which present in a most convenient form every new fact or theory in connection with medical science. And it might, therefore, appear more appropriate to select as a theme for the remarks I shall have the honor of making here, some one important topic, were it not for the fact that so long a time has elapsed since any similar address on medicine has been delivered before this society, that I find it difficult to select any one from the group of immensely important medical questions which have occupied the attention of the profession

during that period. It has, therefore, appeared to me that it might be as well to avoid either of these courses, and without attempting to give the barest epitome of all that has been added of importance to medical science during the last five or ten years, or without selecting any one such topic for exhaustive treatment, to touch briefly upon a few of the leading questions of the past decade, which are distinguished either for their newness or originality of their general or comprehensive character.

Among the most important recent additions to our nosology, a few may be taken for special mention. I doubt not that if the record of medical literature, or even the carefully preserved memoirs of individual experience, should be critically reviewed, numerous cases would be recalled of apparent causeless anæmia, occasionally resisting all treatment, and progressing to a fatal issue. But it has been reserved for a Swiss observer, Birmer, of Zurich, in 1872, to detect the very marked peculiarities which characterize certain cases of this kind, and to describe them under the name of "progressive pernicious anæmia." His original study is based by a careful description of fifteen cases, and since then cases in confirmation have been published by Gressow and others. So large a proportion of these cases have been observed in Switzerland, in addition to the fact that as yet no record of similar cases in France, England, or America have appeared, that it has been supposed that the disease is specially developed under peculiar geographical influences. The peculiar feature of the disease is an intense anæmia, without special cause, so far as yet known, which steadily progresses to a fatal result, often accompanied during the last stages by oedema, hemorrhages, tending to syncope, and characterized anatomically by an extreme diminution in proportion of red blood globules, with no increase in the white cells, and by advanced fatty degeneration of the heart, liver and kidneys, but without any enlargement of spleen or sympathetic glands."

It is not desirable, at this time, to enter into the discussion of the differences which exist between this singular and fatal affection and any of the more familiar analogous conditions. Its pathology cannot be regarded as established, but I may refer to the fact that my own examinations made it probable that the one essential feature is an alteration of the marrow in the bones, similar to that which has now been repeatedly observed in some cases of leukæmia."

It is, however, in connection with the diseases of the nervous system that many of the most brilliant advances in knowledge have been made.

One of the most recent additions to the list is Menieri's disease, labyrinthine vertigo. He mentioned cases in his own practice. The patient feels a vertigo, and as though the building were falling in, and pitches to the ground, without loss of consciousness. This lasts several minutes, ending with severe vomiting and a copious cold sweat about the forehead, and then he recovers. There was always noticed a ringing in the ear. The spells occur at irregular intervals. It is readily seen to be distinct from epilepsy, though no doubt this, error, often occurs. It is the result of otitis, etc., with a lesion of the semi-circular canals. Iodide of potassium seemed to give marked relief.

The last addition to our nosology is "pseudo-hypertrophic muscular paralysis," or "progressive muscular sclerosis." It is characterized by a gradual loss of muscular power, generally the lower extremities first.

The limits of our space prevent a more full abstract of this part of the address.

Dr. P. then alluded to numerous additions to the knowledge of pathology; he referred to the advantages of clinical observations and record, in our hospitals particularly.

"There is a striking lesson to be drawn from such subjects in regard to the immense value of careful clinical work; the proud achievements to be wrought; the vast fields which still spread before, awaiting their conquering influences. So far from being true that the time has passed away for discoveries or advances effected by mere clinical study, unaided by the elaborate resources of modern scientific investigation, it may be asserted, that no time could be more favorable for the employment of trained powers of observation, and for the exercise of careful generalization and instruction. Several important additions to our clinical knowledge have been made, not by hospital physicians, freed by their position from the harassing cares of a private practice, and enabled to devote themselves solely to scientific investigation, but by the practical study and acute observation of the active, busy practitioners in the field of their own private experience. Nor is it a gratifying reflection, that while in the improvement of the mechanical arts our countrymen have shown themselves so apt, so full of inventive genius, we can lay claim to so small a share of the progress affected in medical science during the past quarter of a century. Among the reasons which suggest themselves prominently in explanation of this must be mentioned the entire want of suitable clinical training in the present American system of medical education. It is humiliating to us as physicians to reflect that next year, when the nations of the earth shall be gathered together in the chief city of our Commonwealth, to witness the proud exhibit of our country's progress in all the arts of peace during the first century of her independent existence, and when we ourselves are to welcome as guests the honored and illustrious representatives of medical science from abroad, to be able to show but little progress or improvement in the great and important field of medical education. But I am assured that if from such bodies as this there shall go forth the demand for reform and advance in our system of education, ere long the need would be fully met, and I may add that the Centennial year will not have passed away before Pennsylvania will have placed herself in the foremost rank in this, as

in so many other of the great fields of intellectual progress.

To be Continued.

Fulton County (Ohio) Medical Society.

At a meeting of this society, May 28th, the following officers were elected: President, Dr. P. E. Jones; Vice-president, Dr. W. A. Scott, of Swanton; Secretary, Dr. S. P. Bishop, of Delta; Treasurer, Dr. A. J. Murbach, of Archbold.

The Question of Professional Privileges.

In one of the New York City courts, last week, a case came up involving this question. It was Bennett *vs.* Toal, and was a suit for damages, based on slanderous words alleged to have been uttered by the defendant, who is a physician, and who attended professionally on the plaintiff. When the physician's services were no longer required he sent in his bill, but was refused payment, plaintiff giving no reason for the refusal. Dr. Teal then brought the case before Judge Koch. Upon the trial the Doctor, in answer to a question, stated that the disease was one that no decent woman should have. Judgment was given in the Doctor's favor by Judge Koch. The naming of the disease and the remarks of the physician formed the ground of this suit. These facts appearing in evidence, a motion was made to dismiss the complaint, on the ground that the words were privileged. In answer, it was contended that the Revised Statutes prohibited any physician from stating the character or nature of any disease, or revealing anything intrusted to him, and that this took the case out of the operation of the statute. Judge Gross severely censured the conduct of the defendant, but was compelled to dismiss the complaint, holding that evidence thus given was not actionable.

Epidemics.

Malignant small-pox continues in Long Island City, and great fears are entertained that the disease will become epidemic.

The increase in the number of small-pox cases during the past few weeks, in New York City, has been so great that the Small-pox Hospital on Blackwell's Island cannot accommodate all the patients sent to it. Hence a dozen canvas tents have been erected at the rear of the building.

The cable states that the English government has received dispatches confirming the reports of frightful mortality among the natives of the Fiji Islands, from epidemic measles. The authorities of the islands had been telegraphed to to spare neither expense nor exertions to stop the progress of the disease. They have also been instructed to take precautions for the preservation of the peace, disturbances being apprehended in consequence of the belief by the natives that the pestilence had been purposely imported into the islands. The mortality is similar to that occasioned by the same disease on its first introduction to the Faroe Islands in the last century.

In Chester and Montgomery Counties, Pa., malignant scarlet fever is reported, with heavy mortality.

English journals report some cases of cholera among pilgrims in the city of Benares. In Oud, a cholera panic prevails. Fearful accounts have been received from Cawnpore, Fyzabad, Jounpore and Benares. The railway train turned out 18 corpses at Lucknow on one trip. The Benares train, due at Lucknow one night, reached there next morning, having been delayed by frequent stoppages for the removal of the dead and dying.

Metal-glass.

A peculiar glass has been invented by Herren Lubisch and Riederer, in Count Solm's glass-works, Andreashütte, at Klitschdorf, near Bunzlau. This glass, which the inventors call "metal-glass," is so hard, that when a pane lies on the ground, and a leaden ball of two ounces weight falls upon it from an elevation of twelve feet, it receives not the slightest impression; nor is it in the least affected when dipped, whilst red-hot, into cold water. Window-panes, lamp-cylinders, and other articles of domestic use, made from this metal-glass, can, therefore, almost be regarded as unbreakable.

Items.

—The College of Calcutta has probably the largest Medical classes in the world. In 1872 there were nearly 1400 medical students on its roll.

QUERIES AND REPLIES.

Dr. S. Z. D., of Ohio.—The Toner Lectures can be obtained from the Smithsonian Institute, Washington, D. C.

Dr. A. DeF., of Ills.—In addition to the works you mention, we recommend Tanner's *Practice*.

MARRIAGES.

HARVEY—LYNCH.—In Brooklyn, on Thursday, June 3, 1875, at the residence of the bride's parents, by Right Rev. John Loughlin, Bishop of Brooklyn, Dr. Edward J. Harvey and Margaret S. L., daughter of Captain Dominick Lynch, U.S. Navy. No cards.

SHIVERS—DAVIS.—On Tuesday, May 25th, in the private parlor of the Bingham House, this city, by the Rev. James G. Shinn, Dr. Samuel G. Shivers, of Berlin, N. J., and Miss Essie B. Davis, of Glendale, N. J.

DEATHS.

FAHNESTOCK.—In Annville, Pa., on the 5th inst., Dr. H. A. Fahnestock.

GRIFFITH.—In Philadelphia, on the 15th ult., Mary R., wife of Dr. C. M. Griffith.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Medical Societies.

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA—TWENTY-SIXTH ANNUAL SESSION.

(Continued from No. 955.)

Dr. Pepper next dwelt upon the new means of observation and diagnosis, as ophthalmoscopy, and thermometry, and exhibited and explained the best thermometers now in use. Under improvements in therapeutics, he alluded to the modes of action of remedies. The improvement in this respect is due to the increase of knowledge of physiology, and of the methods of research, and especially to the application to the study of each drug, of conjoined experimental and clinical investigation. Thus digitalis is now shown, in moderate doses, to be a decided stimulus to the muscular power of the heart, with the power to promote contraction of the arterioles and increase the arterial pressure. Hence, it is now employed more intelligently, definitely and fearlessly, not only in cardiac disease, but in many affections characterized by enfeebling of the muscular motor power of the heart, and relaxation of the terminal vessels. There is an equal gain in our knowledge in regard to quinia, belladonna, bromide of potassium, etc.

New agents, and of high value, have been introduced. Nitrite of amyl produces almost instantaneous dilatation of the capillaries, and hence its success in convulsions dependent upon spasm of the minute vessels of the brain, and in cases of vascular spasm, as angina pectoris. The inhalation of two to three drops checks the development of convulsions in epilepsy, with an aura, giving time for its use, and also in puerperal eclampsia, while in angina pectoris the paroxysms of pain are not only generally arrested, but in a fair proportion of cases their occurrence has been modified or checked.

The hypodermic method of medication also has been a great improvement. The most remarkable development in this direction has been with ergot. The peculiar power of this remedy, and its quick and powerful action, when used hypodermically, naturally lead to its employment in many different conditions, as in uterine fibroids, in the treatment of aneurisms, where it is injected over the seat of the affections; in splenic tumors, in hæmoptysis, in which it is a most reliable astringent; and in certain forms of congestive neuralgia. In the latter affection, it is best injected over the track of the affected nerve.

The systematic use of water in form of baths, or external applications, has been recently more fully studied. Hydrostatic injections merely require a funnel, with a flexible tube, six or eight feet long, attached. The funnel is raised to the required height, and with proper care, the pressure of the column of water may be employed to overcome intestinal obstructions. This method has positive advantages over the aspirator or the Bowditch syringe. In cases of intestinal obstruction, the operation of abdominal section has been employed, and with marked success.

In pleuritic effusions, paracentesis has been employed, and has attained great popularity. He exhibited the forms of apparatus, and the best mode, by means of the bottle aspirator, thus showing a continuous operation, without the escape of offensive odors into the apartment. The very ready means for this operation have, no doubt, led to its premature performance, or even in cases not appropriate. He would favor it in acute pleurisy, when the effusion has been very rapid, so that the symptoms of interference with the lungs and heart are threatening to life. Here a capillary puncture should be made, and some of the fluid very slowly and continuously drawn off.

In acute pleurisy, when the effusion has become excessive, so as to distend the pleura, with marked enlargement and bulging, displacing the heart, and other viscera, with extreme dyspnœa or disturbed cardiac action, sudden death may result from a neglect of this opera-

tion. When the symptoms are not threatening, but absorption fails to occur under careful treatment, the operation should be performed, to lessen the chances of suppuration occurring, and converting the case into one of empyema; in subacute pleurisy, of any kind, with dangerous distention; in mechanical pleural effusions with such symptoms; in all cases where the symptoms or the use of the exploring needle show the purulent character of the effusion; in hydro-pneumothorax, with extreme disturbance of respiration and circulation.

In ordinary acute pleurisy the operation is not indicated, nor in latent or mechanical hydrothorax, unless the above indications occur.

He had lately suggested and used intra-pulmonary injections, with very delicate needles, into superficial pulmonary cavities or localized areas of consolidation. The injection consisted of small quantities of dilute solution of iodine or carbolic acid. He was sure there was no danger in the treatment for hemorrhage, pleurisy, or irritation of lung tissue.

The results are negative in all cases of tubercles, and in acute casequs infiltration of the lung. In subacute local consolidations it seems probable that this may favor resolution. In chronic superficial cavity, without tendency to destruction, repeated injections may be favorable, lessen discharge, and favor cicatrization. These should not be repeated oftener than once in six or seven days: iodine, say liq. iodine, c., one part to ten of warm water, injected, say, ten to forty-five minims, seems most favorable.

There are two vexed questions which must be mentioned; Venesection and transfusion. For the last, we require information on the following points:—the character of the fluid to be injected, the quantity, the manner, and the conditions calling for the operation. It does not seem to matter whether the human blood is injected directly as it emerges from the veins of the donor, or after defibrination. The risk of the formation of coagula can be entirely overcome by care, and the slight disadvantage of the loss of a small proportion of red globules is more than counterbalanced by the greater certainty as to the quantity and rate of speed of injection and greater ease of operation. It is probable that the use of other animal blood lessens the advantages and adds to the risk. When the heart and lungs are sound, five or six ounces may be injected, but in chronic diseases it should never exceed two or three ounces. The blood should enter at a very slow rate, a few drachms a minute. Perhaps it would be better to inject into one of the smaller arteries, instead of a vein. The apparatus depends upon the mode. Aveling's is best for the direct; for defibrinated blood, the apparatus as elaborated by Dr. C. T. Hunter, of Philadelphia, is best. Great care should be observed to avoid the introduction of air or minute coagula, and there should be great deliberation in the operation.

The great question is as to the clinical value of the operation, and the indications for it. In intense acute anæmia from profuse hemorrhage, it has saved life; but such cases are rare. It is to be hoped that the field will widen, and that it may be applied to cases of tuberculosis, scrofula, pyemia, leucocythemia, etc.

As to venesection, it suffices to say that our attention has been again called to this subject by men of the most commanding influence, both at home and abroad, and from them it will receive the close study and consideration it demands.

On motion, the thanks of the Society were given for this able and appropriate address, and it was referred to the Committee of Publication.

On motion, the following gentlemen were invited to seats with the Society: Drs. C. L. Bard, of California; R. Leonard, of Carbon County; J. Bushong and J. Z. Grove, of Lancaster County.

Dr. R. J. Levis, of Philadelphia, then read the Address in Surgery.

He chose a practical subject of general interest, and specially considered fractures of the lower end of the radius. He alluded to the usual result of deformity, painfulness, defective innervation, and impairment of the utility of the limb, which follows the ordinary treatment, and which he believes is less efficient than that of any other ordinary fracture of long bones. All cabinet specimens, in both the museums of this country and of Europe, show more or less deformity of union. Such fractures have much uniformity of location at between a quarter and three-quarters of an inch above the carpal articulation, measured from the posterior articular edge of the bone. They generally appear to be higher than they really are, and Colles, of Dublin, was in error in locating them at an inch and a half from the end of the radius, as has been shown by more recent practical observations and dissections, and the examination of numerous specimens. Fractures higher than two inches above the joint present very different deformity, and have not the same surgical importance.

The observations of Barton, in regard to a form of fracture which consisted, as he thought, in the chipping off of the posterior edge of the articular surface, and attended with posterior dislocation of the carpus, have not been verified, and neither dissection of recent fractures nor examination of pathological specimens will confirm his views. If the fracture, as detailed by Barton, ever occurs, it must be very rare, and Dr. Levis believes that Barton mistook for it the usual transverse fracture very near to the joint.

The reasons why the bone breaks within an inch of its carpal end, are found in the facts that its compact tissue ceases there, and it is expanded into loose cancellated tissue; there is also a loss of its cylindrical form, and there exists a curvature, with its concavity forward, which allows the force to be spent on the inside of an arch, which inclines to break at its middle. The force which produces the fracture is not, as is usually taught, in the long axis of the bone, but rather an action of leverage of the extreme forcible extension of the hand and

wrist, acting against the curve on the anterior side of the lower end of the radius.

In the treatment of the injury, Dr. Levis does not approve of attempting to overcome the deformity of eversion of the hand by forcible inversion on the pistol-shaped splint. The splint of Bond is advised when the deformity is not great and can be readily overcome, and the apposition so maintained. In very many cases the deformity cannot be overcome without extension in the direction of the long axis of the bone, and Dr. Levis exhibited and illustrated a new and efficient method of accomplishing such treatment.

On motion, the address was referred to the Committee of Publication.

Dr. Benjamin Lee, of Philadelphia, then delivered the address in Hygiene.

(An abstract of this address will appear in our next issue).

He offered the following resolution, which was unanimously adopted:—

Resolved, That the Committee on Hygiene be, and is hereby, authorized to draw on the Secretary for copies of the Transactions for the year during which he holds his appointment, and to distribute the same to State Boards of Health, Boards of Health of large cities, the American Public Health Association, and other important sanitary bodies in this country and in Europe, with the request that they will furnish this Society their own Transactions in exchange.

On motion of Dr. J. L. Atlee, of Lancaster, the thanks of the Society were tendered Dr. Lee for his able and interesting paper, and it was referred to the Committee of Publication.

On motion of Dr. W. B. Atkinson, of Philadelphia, the following was adopted:—

WHEREAS, At the session of the American Medical Association at Louisville, the following resolution was adopted:—

Resolved, That each year, until otherwise ordered, the President elect and the Permanent Secretary be directed to appeal, in the name of the Association, to the authorities of each State where no State Board of Health exists, urging them to establish such boards, and

WHEREAS, State Boards of Health now exist in Massachusetts, California, Georgia, Rhode Island, Iowa and Michigan, and have fully shown their importance and value; therefore, be it

Resolved, That the State Medical Society do urge upon our State Legislature the importance and necessity of appointing such a Board for this State.

Resolved, That a committee of three be appointed, to memorialize our State Legislature, and to take whatever steps may be necessary in the matter.

The president appointed as the committee, Drs. Atkinson and Lee, of Philadelphia, and H. L. Orth, of Harrisburg.

On motion, the address of Dr. Curwen, in Mental Diseases, was made the first order of business for the afternoon session.

Dr. R. L. Sibbet, of Carlisle presented the report of the Committee on Medical Legislation, showing the value of the law passed by the last Legislature.

On motion of Dr. Turnbull, Philadelphia, the committee were cordially thanked for their action, the report was received and the committee was continued.

Dr. J. G. Stetler, Philadelphia, offered the following, which was unanimously adopted:—

Whereas, This Society has retained the late Dr. D. F. Condie on its roll of permanent members, the loss of membership from the Philadelphia County Medical Society, by virtue of removal, to the contrary notwithstanding, therefore,

Resolved, That the President appoint Dr. Nebinger to draft appropriate resolutions of condolence, to be presented at this meeting.

On motion of Dr. Atkinson, the following was adopted:—

WHEREAS, a large number of volumes of Transactions have accumulated in the hands of the Secretary, therefore be it

Resolved, that the Committee of Publication have full discretionary power to use the remaining copies of the Transactions for the best interests of this Society.

Dr. P. J. Roebuck, of Lancaster, offered the following:—

WHEREAS, The Legislature of Pennsylvania has, in its wisdom, enacted a general law to protect the people against incompetent practitioners of medicine, surgery and obstetrics, and

Whereas, Communities do not generally comprehend the extent of injury to life and health inflicted upon them by incompetent practitioners, and

Whereas, Laws are of no avail unless enforced, therefore

Resolved, That the members of the State Medical, and various local Societies, to protect the life and health of the people against empiricism, should make a determinate effort to enforce the law passed last winter, entitled "An act to Regulate the Practice of Medicine, Surgery and Obstetrics in the Commonwealth of Pennsylvania."

On motion of Dr. J. L. Atlee, it was amended to read that this be referred to each county society, with the request that they will appoint committees to see that this law is enforced.

The preamble and resolution as amended were then discussed by Drs. Roebuck, Sibbet, and E. A. Wood, of Pittsburg, and pending its adoption, the Society adjourned until afternoon.

THURSDAY AFTERNOON.

The President called the Society to order at 2½ P. M. The Permanent Secretary read the following note from Prof. S. D. Gross, which was ordered to be entered on the minutes.

PHILADELPHIA, June 9th, 1875.

To the President of the Pennsylvania State Medical Society—

DEAR SIR:—I regret that urgent engagements will prevent my attendance during the present

meeting of the Society. Do me the favor to tender my cordial sympathy to the Society in all its movements tending to elevate the character of the profession; and believe me to be, very truly, your friend, S. D. Gross.

Dr. T. Green, of the Standing Committee, reported a paper by Dr. Turnbull, which, on motion, was made the special order after that of Dr. Curwen. He also presented a paper on drugs, etc., by a druggist, which, after some debate, was laid upon the table.

Dr. A. P. Carr, of St. Clair, exhibited a remarkable case of fracture of the skull, with most excellent recovery, and also some pathological specimens and urinary calculi.

The resolution pending at the close of the morning session was then called up and discussed by Drs. Keyser, Davis, and others, and finally the preamble and resolution as amended were adopted.

Dr. Andrew Nebinger, of Philadelphia, of the Special Committee, read the following:—

When the great and good, those who have distinguished themselves as ardent, industrious and successful laborers in the great and diversified fields of science, the departments of humanity and benevolence, pass from this life, it is not only becoming, but a duty, that those who have been their associates and witnessed their achievements should bear testimony to their worth and usefulness, and cause their testimony to be of record. In keeping with this sentiment and duty, the State Medical Society of Pennsylvania now bears testimony that Dr. D. Francis Condie, because of his great erudition, his ability as an author and reviewer, his great familiarity with the literature of his profession, his usefulness as a practitioner of medicine, his strict and uncompromising observance of the ethics of his profession, and the purity of his life, was of those who render themselves attractive by the great usefulness of their labors and by the manner in which they illumine the positions of life in which they are active. As Dr. D. F. Condie was one of the first of those who were delegates to the State Medical Society of Pennsylvania, so was he also one of those whose devotion to the advancement of the interests of the organization, and through it the best interests of suffering humanity, was ever active and efficient; and now be it

Resolved, That the State Medical Society of Pennsylvania recognize that in the death of Dr. D. Francis Condie it has lost a most useful, laborious and self-sacrificing member; medicine a most zealous cultivator, and suffering humanity a most efficient friend.

On motion, by a standing vote, the address was adopted and entered on the minutes.

On motion of Dr. Stetler, it was directed that a copy should be transmitted to the family of Dr. Condie.

Dr. John Curwen, of Harrisburg, then read the address on "Mental Disorders."

On motion, a vote of thanks was tendered him, and it was referred to the Committee of Publication.

This matter was then discussed by Drs. Nebinger, Hiram Corson, E. A. Wood and J. L. Atlee.

On motion of Dr. J. L. Atlee, Dr. Curwen was requested to furnish that portion of his address relating to the subject of education to Mr. Wickersham, State Superintendent of Schools, for publication in the *School Journal*, and to the Board of Education of Philadelphia, and that the whole of his address be accepted by the Society, with thanks.

The Committee on Nominations reported the following officers for 1876:—

President.—Crawford Irwin, of Blair county.

Vice Presidents.—Andrew Nebinger, Philadelphia; A. H. Halberstadt, Schuylkill; R. L. Sibbet, Cumberland; and J. F. Ross, Clarion.

Corresponding Secretary.—Horace Y. Evans, Philadelphia.

Permanent Secretary.—Wm. B. Atkinson, Philadelphia.

Recording Secretary.—James Tyson, Philadelphia.

Treasurer.—Benj. Lee, Philadelphia.

Committee of Publication.—Wm. B. Atkinson, H. Y. Evans, Benj. Lee, T. M. Drysdale, Jas. Tyson, Albert Fricke, of Philadelphia, and Chas. McIntire, Northampton.

The report also fixed the place of meeting at Philadelphia, and the time the last Wednesday of May, 1876.

The Committee also nominated delegates to the American Medical Association, and to other State medical societies, and censors for each Censorial district.

On motion, the report was unanimously adopted.

The Committee on Unfinished Business reported but one matter, the amendment to the constitution offered last year.

The President then made the following appointments:—

To make the Address in Surgery, Dr. D. Hayes Agnew, Philadelphia.

Address in Obstetrics, Dr. R. Davis, Wilkesbarre.

Address in Medicine, Dr. Jas. Aitken Meigs, Philadelphia.

Address in Hygiene, Dr. Benj. Lee, Philadelphia.

Address in Mental Disorders, Dr. John Curwen, Harrisburg.

Dr. C. F. Deshler, representative from New Jersey, was introduced by Dr. A. H. Halberstadt, and made a humorous address as to what he should report when he went home. His remarks were well received.

The President reappointed as the Standing Committee, Drs. James King, and R. B. Mowry, of Pittsburg, and Traill Green, of Easton.

Dr. Sibbet offered a resolution on distribution of the Code of Ethics, which, after much discussion, was withdrawn.

On motion of Dr. J. L. Atlee, the amendment to the constitution was laid over for another year.

On motion, Dr. Horace De Young, of Mauch Chunk, was invited to a seat with the Society.

The Treasurer presented his report, which was read and referred to auditors, Drs. T. Green, T. Lyon, and E. A. Wood.

Dr. Stetler having offered a resolution to declare Greene Co. dissolved, it being in arrears four years, the President declared it dissolved according to law, without a motion.

Dr. H. Corson, of Conshohocken, offered a resolution that the report presented by Dr. Nebinger to the Society, at Erie, some five years ago, and not printed, be referred to the Committee of Publication. Objected to, and a motion made to lay it on the table. Carried by a vote of 38 to 13.

Dr. L. Turnbull, of Philadelphia, read a paper "On Closure of the Eustachian Tube," from thickening of the mucous membrane, and exhibited a new instrument for remedying it. The Doctor stated that the most frequent morbid condition of the eustachian tube is closure, from thickening of the mucous membrane. This condition is also attended with an excess of viscid secretion clogging its walls. At times there is also abrasion, and even ulceration, the result of small-pox, syphilis, etc. The chief symptoms are impairment of hearing, with noises of various kinds. The causes are ordinary catarrh, influenza, etc.

There are several methods of relief, if it be of a mild character, but should there be much swelling, thickening, etc., he has found his eustachian forceps one of the most valuable instruments, in making applications of stimulating agents, such as nitrate of silver, sulphate of copper, iodine, and carbolic acid, directly to the parts.

He pointed out a new method of determining the condition of the pharyngeal orifice of the tube by the use of the human finger, and described the orifice of the tube, as like the mouth of the os uteri. He also described the opposite morbid condition of the tube, namely, a patency of its orifice, and gave the symptoms, illustrated by a case in which he had caused contraction by the use of stimulating agents and his instrument.

On motion, it was referred to the Committee of Publication. The Permanent Secretary read the following, which, on motion, was received:—

The Committee of Publication respectfully report that they had printed 1200 copies of the volume of Transactions for 1874, at an expense of $1434.15.

Distributed

To County Medical Societies.....	1041
To Medical and other Journals.....	50
Disposed of by sale.....	1
On hand.....	108

Respectfully submitted

Wm. B. Atkinson, M. D.

On motion of Dr. Stetler, of Philadelphia, by unanimous consent, the word "majority" was substituted for the word "three," in section five of article five of the Constitution, defining what shall constitute a quorum of censors.

A discussion arose concerning the modification of a rule adopted in 1853, that a note must be attached to the published proceedings, to the effect that the Society does not endorse by its authority, facts or theories contained in papers read before the Society. No modification was ordered.

Dr. Curwen, of Harrisburg, presented the report of the commission to investigate the condition of the insane criminals, to the Legislature of 1875, with plans of a hospital for their accommodation, and, on motion, it was referred to the Committee of Publication.

Dr. Curwen offered the following resolution:

Resolved, That a committee of eight members of this Society be appointed to prepare a memorial to the Legislature in favor of a hospital for the insane of the counties of Berks, Bucks, Chester, Delaware, Lehigh, Montgomery and Northampton, and to urge the passage of a law to establish the same.

Motion carried and following committee appointed by the chair: Dr. Curwen, of Harrisburg; P. B. Breinig, of Northampton; W. M. Weidman, of Berks; Gilbert McCoy, of Bucks; H. Corson, of Montgomery; I. Price, of Chester; L. Fussell, of Delaware, and E. G. Martin, of Lehigh.

An animated discussion occurred on the subject of typhoid fever and its causes, as milk, filth, etc., as reported in some of the papers, at the morning session, and was participated in by Drs. Gallagher, Lee, Donnelly, Green, Carpenter, Nebinger and others.

It was stated that, through a mistake of the Nominating Committee, Dr. Horace Y. Evans, who is not personally present at the convention, was chosen Corresponding Secretary, when, by his absence, he is not eligible. Dr. Thos. M. Drysdale was chosen in his place, and Dr. Stetler was substituted for Dr. Evans on the Publishing Committee.

Dr. Allis, whose instrument for the administration of ether was discussed on Wednesday afternoon, was present, and was permitted to explain his instrument and reply to unfavorable comments. A man was introduced, who consented to take ether from the instrument. He was placed in a recumbent position on two tables on the platform, and the instrument placed before his nose. The ether was then poured by degrees into the instrument. In five minutes the man was perfectly rigid and insensible.

On motion of Dr. Turnbull, it was resolved that a committee of three be appointed to report at the next meeting of the society on the best method of administration of anæsthetics.

The President appointed as the committee, Drs. Turnbull, Drysdale and Atkinson.

Dr. Stetler offered the following, which was unanimously adopted:—

Whereas, It is ardently desired by the Medical Society of the State of Pennsylvania, that

the regular physicians of the entire State be organized into County Medical Societies, in time to participate in the meeting occurring on the Centennial anniversary of the Independence of the United States, therefore

Resolved, That the regular physicians in those counties in Pennsylvania where, as yet, there are no County organizations, be and they are hereby cordially and earnestly solicited to organize forthwith, or as soon as practicable, so as to enable them to unite with us at the meeting above designated.

Resolved, That the Censors in whose districts the unorganized counties are located are earnestly requested, at this auspicious period, to institute or urge measures for the consummation of the object so devoutly wished for.

A resolution of thanks to the Committee of Arrangements of the Schuylkill County Medical Society for the faithful performance of duty; to the citizens of Pottsville for their courtesy; to the railroad company for excursion tickets; to the retiring officers, etc., was passed.

The retiring President congratulated the Convention on the perfect harmony that had characterized its sessions.

Dr. Crawford Irwin, of Blair County, the President elect, was called for and introduced.

Three cheers were given for the two Presidents.

The president elect, in assuming the chair, said:—

"Twenty-four hours ago, being advised of the wish of friends to place me in the, to me, unusual and difficult position which I now occupy, my first impression was 'an enemy is doing this,' on the principle of the classic saying, 'whom the gods wish to destroy, they first make mad;' I thought again, this is facetiousness; but the result demonstrates that neither is correct."

After thanking the members for the honor thus conferred, and begging them to aid him in the performance of his duties, he adjourned the Society until the last Wednesday of May, 1876, at 3 P. M.

Editorial Department.

Periscope.

The Sulphuret of Carbon in Chronic and Atonic Ulcers.

M. Guillaumet writes in warm terms, in the *Journal de Therapeutique*, on the value of this substance, first introduced by M. Michel in 1867, and since abundantly tried in Dr. Costilhes' wards at the St. Lazare, in cases in which all other remedies have failed. Owing to its nauseous odor, it is applied as rapidly as possible over the surface of the wound, by means of a morsel of charpie, the surface being then covered over with a fine powder of nitrate of bismuth or starch. In recent ulcerations, one or two applications suffice, but five or six applications may be required in old ulcers before any appreciable modification is obtained; but then cicatrization advances rapidly. The following are the conclusions arrived at:—1. Sulphuret of carbon is a very powerful cicatrizer. 2. Its action is rapid and quite local, not producing any of the accidents which attend the prolonged inhalation of its vapors. 3. Its application is accompanied by pain, which is sometimes sharp, proportioned to the susceptibility of the patient, but in most patients of very short duration; it is immediately followed by a period of anæsthesia, which, however, is not constantly present. When it exists, it lasts for several hours, while the painful period does not last more than from twenty to sixty seconds. 4. The sulphuret acts upon wounds of different origin and nature (syphilitic, scrofulous, diphtheritic, etc.), and modifies all of them advantageously. 5. It is a valuable agent in the treatment of all wounds and ulcers which possess the common characters of chronicity and atony.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The Boston *Medical and Surgical Journal* gives the number for June 17th to Centennial purposes. Among other things, it contains a copperplate portrait of Gen. Joseph Warren, M. D., with quotations from his Medical Daybook, and an original Sonnet by Dr. Oliver Wendell Holmes.

——Among the most readable of summer books will be a volume by Albert Rhodes, well known to the readers of *Scribner*, and the *Galaxy*, entitled "The French at Home." The author has had rare opportunities for observation, as diplomate and man of letters. Some thirty characteristic illustrations will add to the attractiveness of the book. Dodd & Mead will be the publishers. A new story, by Edward Garrett, the popular author of "Occupations of a Retired Life," etc., is promised by the same house, in June.

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THE HOME TREATMENT OF THE SICK POOR.

A sensitive and conscientious physician is often troubled by an uncertainty as to how far he shall give his time and skill to charity cases. His first duty is to those of his own household; he must provide for their wants, and attend diligently to the financial aspects of his business to do so. Then he owes a debt to society, and still more to his profession, not to attend gratuitously, nor for insignificant fees, those who are able to pay.

On the other hand, it savors of cruelty to refuse to visit the sick who need his aid, no matter how poor they are; in fact, the poorer they are, the crueler it is to pass them by.

In a broader way these same questions occur to the sanitary authorities of large cities. To furnish gratuitious medical attendance and medicines *ad libitum* would be a foolish prodigality, and hurtful to both givers and receivers. The hospitals, it is true, cannot accommodate many who need assistance; and many cases are better as out-patients than in the wards. But in this respect the hospitals do not fully supply the want. A certain number of cases, especially chronic cases, could be more cheaply and equally efficiently treated at their own homes.

This need has made itself felt in Paris, and to meet it a society has been formed, called the *Bureau de Bienfaisance.*

A certain number of medical men are appointed to the Bureau de Bienfaisance of each arrondissement or district. Their duty has hitherto been confined to affording medical aid, or in surgical cases, to performing only the minor operations at the residence of the patients, the more serious cases being sent to the hospital.

Just now an effort is making to extend the operations of this society to include the gratuitous attention of indigent invalids of all kinds, at their own homes. The reasons assigned are, that for very many diseases the large public institutions are wholly disqualified.

One of the principal charges brought against hospitals is the great mortality that takes place in them, and the causes are explained thus:— Purulent infection and erysipelas are almost constantly present, and the microscope has shown that the walls and curtains are loaded with miasmata, against which the surgeon is powerless. It is stated that so long as the Necker Hospital was the smallest of the Paris hospitals, the mortality after operations was very small, but since it has been enlarged, it has rivaled the other hospitals in lethality. The Lariboisière Hospital, which is looked upon as a model of its kind, constructed as it is on the strictest principles of hygiene, does not yield to its seniors in the number of deaths after great operations. The scrupulous cleanliness and the luxurious way in which some of the hospitals have been gotten up and maintained, seem to offer no guaranty against infection. The wards exhale an odor which is *sui generis* and indelible, and is compared to the odor emanating from dead bodies; and the buildings

are so impregnated with it, that even the isolation of patients in separate rooms under the same roof has no effect in reducing the risks of infection. There is a saying that has become vulgar, that no operation of trephining has ever proved successful at the Hôtel-Dieu. A successful case of the Cæsarean operation, or even of ovariotomy, has never been heard of in the Paris hospitals; and as regards the latter operation, the Assistance Publique, at the instigation of some of the hospital surgeons, having made arrangements to have the operation performed in the country, it was attended with great success. This wholesale condemnation may be summed up thus:—Hospitals are, for capital operations, what maternities are for lying-in women—a sepulchre, a necropolis; and some author has recently stated that it were better for a woman to be confined in the quarries than in a maternity hospital. The same remark may be applied to patients operated on.

It is asserted by the English writers that this state of things does not exist on their side of the channel. But we all know that large lying-in hospitals, and especially that children's hospitals, in cities, exhibit very ugly bills of mortality. Perhaps this question of hospitalism has never been closely enough considered; and that this direction of charity here suggested is a good substitute for large wards in most, as it certainly is in some diseases.

Careful regulations should be made that it should not be abused, but they are quite feasible and could be depended upon.

News and Miscellany.

An Unfortunate Lady.

A writer in an English cotemporary says:—The medical history of Jeanne D'Albrecht, Queen of Navarre, is worthy of transcription. Some time married before falling pregnant, her first child was taken care of by an infirm old lady, who shut all the doors, closed every window; so the child, aged eighteen months, died of atrophy when the mother was again pregnant. The next infant, dropped down marble steps by a careless nurse, lived but four days after. During her third pregnancy, in camp, her husband, in joke, leveled, as he thought, an unloaded gun at her, and pulled the trigger, the bullet whizzing terribly close. Her father, who did not want a peevish girl or driveling boy, promised rank, power, anything, for the child, provided, during labor, the mother sang merry Gascon ballads, which she did, song after song, without flinching, during prolonged hours of agony. This time, instead of an old woman, a healthy peasant girl took the infant from a palatial castle to her humble cottage, where, as bad luck would have it, this and eight successive nurses sickened of typhus, then endemic. The next two children were very weakly. When her husband was shot in the left shoulder, the bullet beyond extraction, the revelry of the sick-room conduced to fever, delirium, and death. When her daughter had pleurisy, requiring free bloodletting, it was supposed that the worn-out, kind, watchful mother then contracted phthisis; and at the age of forty-four this pure, angelic, long-suffering lady gladly laid down her wearied head to rest.

Apsithuria.

Dr. J. Solis Cohen has informed us that the first case mentioned in his article on *apsithuria*, published in our columns for May 1st, 1875, may now be favorably reported. Taking advantage of the improved general condition of the patient, Dr. Cohen resumed electric treatment by external applications of the interrupted battery current of twenty cells, and eventually succeeded in restoring the voice. The weak voice was afterwards strengthened by systematic vocal exercises, and at the time of the report was perfectly satisfactory for conversational purposes.

Personal.

—A monument to Morgagni was erected on the 27th of May, in his native Forli, the Town Council of which invited to the ceremony all the medico-chirurgical Academies and Faculties of Italy and the principal medical bodies of other countries. The Town Councils of Padua and Bologna, cities which owe so much of their renown to Morgagni, also assisted; while the deputation of National History of the Emilia held a congress in Forli.

—According to a late number of the *Swiss Chronicle*, Sir Henry Thompson is promoting a 'Cremation Society,' which will arrange for the incineration of remains in the most approved manner, and will erect, at a cost of about £2500, a suitable building in which to hold religious services."

—Dr. T. P. Rogers, an eminent medical practitioner, for many years professor in the University of Louisville, died in that city, of cancer of the stomach.

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